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ORIGINAL ARTICLE

A Study on Clinical Presentation of Menopause and HRT

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ABSTRACT

It is a prospective study done in a private clinic, Mymensingh, Bangladesh, to evaluate the clinical presentation, requirement of hormone replacement therapy (HRT) and outcome among the menopausal women so that attention can be given to address this problem. A total of 100 cases were analyzed during the period from January 2001 to December 2001. Out of 100, 28 had surgical menopause following hysterectomy with bilateral salpingo-oophorectomy and 72 had natural menopause. Treatment regimen were counseling, symptomatic treatment and HRT. Pap smear was done in all our cases. Out of 100 cases, 70 cases required HRT. Common clinical presentation was urogenital problem in our study. After 3 months follow-up, 56% were on HRT.

Keywords: Menopause, Clinical presentation, HRT.

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INTRODUCTION

Menopause affects people differently. Some women notice little difference in their body or mood, while others find this change extremely bothersome and disruptive. Estrogen and progesterone affect virtually all tissues in the body but their influence differ from person to person.

Menopause is defined as time of cessation of ovarian function resulting in permanent amenorrhea.[1] It takes 12 months of amenorrhea to confirm that menopause has set in and therefore it is a retrospective diagnosis.

Climacteric is the face of weaning ovarian activity, and may begin 2 to 3 years before menopause and continue till demise. The climacteric is thus a phase of adjustment between the active and inactive ovarian function.[2]

Menopause usually occurs between the age of 45 and 50 years. The average age is 47.[7] It is not uncommon to see a women menstruating well-beyond the age of 50. Menopause setting before the age of 40 is known as premature menopause. Menopausal age is not related to menarche, race, number of pregnancy and lactation or taking of oral contraceptive. It is, however, directly associated with smoking and genetic disposition. Smoking induces premature menopause.

The symptoms experienced by menopausal women result from the low level of estrogen. The two true menopausal symptoms are hot flushes and the vaginal symptoms like burning, dryness and dyspareunia. Hot flush is the common symptom of menopause affecting more than 60% of menopausal women. This is associated with peripheral vasodilatation and a temporary rise in body temperature of 30°C which appear to be direct result of decreasing estrogen levels. Hot flush may begin in the months before the menopause but are worst after it, reaching a peak incidence 1 to 2 years after the menopause. With progressing age, vaginal epithelium becomes thinner and less rugose, intermediate cells replace superficial cells, vaginal secretions diminish, as does the vaginal acidity and pathogenic organisms grow more easily. Tissues in the urinary tract also change with age sometimes leaving women more susceptible to frequency, dysuria and incontinence.[3]

MATERIALS AND METHODS

This prospective study was conducted in a private clinic of Mymensingh between January 2001 to December 2001. Total 100 cases were included in the study. All of them were postmenopausal. Out of this, 72 had natural menopause and 28 had surgical menopause. Detailed discussion about this study was done with the client and then informed voluntary consent was taken from them. Pap smear was done in 72 cases with natural menopause and vaginal smear was done in 28 cases. All information was recorded in a predesigned questionnaire and all necessary statistical analysis was done by SPSS.

RESULTS

Mean age of menopause in our study is 47.5 shown in Table 1.

Common clinical presentation are vasomotor problem (20%), cognitive problem (20%), urogenital problem (48%) and other (12%) shown in Table 2.

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Table 1: Demographic data

Average age	47.5
Socioeconomic condition	Middle class

Table 2: Clinical presentation

	Number	*Percentage*
Vasomotor problem	20	20
Cognitive problem	20	20
Urogenital	48	48
Other	12	12
Total	100	100

Table 3: Side effect after HRT

Vaginal bleeding	2 (estrogen and progesterone)	2.8%
Breast tenderness	5 (estrogen and progesterone)	7.1%
Increased libido	1 (Tibolone)	1.8%
Palpitation	2 (estrogen)	2.8%
Nausea	1 (estrogen)	1.8%
Total	11	15.7%

HRT: Hormone replacement therapy

Table 4: Outcome of study subject after HRT

Continuation of HRT	40	57.2%
Continuation of HRT with regular withdrawal bleeding	16	22.8%
No requirement of HRT	6	4.6%
Drop out	4	5.8%
Hysterectomy	2	2.8%
Discontinuation	2	2.8%
Total	70	100%

HRT: Hormone replacement therapy

Urogenital problem present as stress incontinence, urge incontinence and postmicturition dribbling, vulvovaginal pain and dyspareunia, etc.

In Pap smear report, there were inflammatory changes in 18 cases and no significant change in 82 cases.

Out of 100 cases, 70 required HRT (24 had tibolene, 24 had only estrogen and 22 had estrogen and progesterone).

Noticeable side effects of HRT were found in 11 cases, minor side-effects are reported in nine cases. Significant common side effects reported in our study were vaginal bleeding, breast tenderness, increased libido, palpitation and nausea shown in Table 3.

After 3 months follow-up, there was continuation of HRT in 80% cases with relief of symptoms, HRT was not required in (4.6%) cases (Table 4). Two cases required hysterectomy. There was discontinuation of HRT reported in two cases in our study within 1 month due to severe palpitations.

DISCUSSION

The average age of menopause has remained fairly constant at between 50 and 51 years.[4] In our study, mean age was 47.6. The mean age of menopause in Philippine was 49 years in one study.[5]

Menopausal symptoms constitute one of the most common indication for estrogen therapy. In our study, common symptom is urogenital. In one study in USA, incontinence was a common complain (53%) among the postmenopausal women.[6]

Among the white women, the most prevalent symptoms were hot flush, joint pain and irritability.[7] In our study in 20% women, there was hot flush.

For the symptomatic women, HRT with estrogen is clearly beneficial in improving quality of life in menopausal years.[8] In our study, 70% women required HRT. In one study in USA, one-third of postmenopausal women were taking HRT.[7]

After 3 months follow-up, 80% women were in HRT with relief of symptoms in our study. Problems of lower urinary tract dysfunction after menopause can be improved by estrogen therapy according to some author.[9] Like our study, recurrent urinary trait infection (UTI) and dyspareunia as a result of vaginal atrophy was improved with HRT in another study.[6] A study by Raz et al found that recurrent UTI were efficiently prevented by postmenopausal treatment with intravaginal estriol.[10]

Vasomotor symptoms like hot flush appear to be a direct result of decreasing estrogen level. In our study 20% women had this symptoms, which was relieved in most cases by HRT. From Austria, there was a study reporting complete relief of the climacteric complaints with HRT.[11]

Another study to see the long-term effects of HRT on genital tract in postmenopausal women says that HRT is effective in maintaining an inactive endometrium while providing estrogenization of the lower genital tract over a 6 years period.[12]

CONCLUSION

Climacteric is a regular events and menopause is a true endocrinopathy, which obligates therapy. More study should be done to formulate a rational HRT for our women keeping in mind our socioeconomic condition and the different traumatic climacteric symptoms that might affect them.

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