
3. POSTMENOPAUSAL WOMEN

DEFINITION

By definition, a woman is said to be postmenopausal if it has been more than a year since her last menstrual period. However, special consideration will be given here to the management of the older postmenopausal woman considering starting HRT as she will have special requirements and be less willing to tolerate side effects, particularly if completely asymptomatic prior to starting therapy.

BENEFITS

Postmenopausal women commencing HRT are often asymptomatic or have minor symptoms and wish to use HRT for intermediate and long-term benefits such as protection against urogenital atrophy and osteoporosis. It is now known that some of the biggest increases in bone density are produced in late postmenopausal women. Iliac crest biopsies confirm this bone to be of good quality. Randomised controlled data show benefits in secondary prevention of fractures in addition to primary prevention.

DURATION OF THERAPY

When to stop HRT is one of the most difficult questions facing women and their clinicians. The following factors should be taken into account:

ADVANTAGES OF LONG-TERM USAGE

- Symptoms can return more than 10 years after the menopause.
- Bone loss accelerates after HRT is stopped so that even after 10 years of HRT a woman can be in the same situation after 2 to 3 years without treatment as when she started therapy.
- Quite clearly, the benefits of HRT rapidly wane when treatment is stopped.

DISADVANTAGES OF LONG-TERM USAGE

- The ICRF collaborative meta-analysis of breast cancer data suggest an increase in risk of 2 per 1000 controls after 5 years (45 to 47) and 6 per 1000 controls (45 to 51) after 10 years'.
- The risk of endometrial cancer increases with duration of use of sequential HRT, but maybe negated by an early switch to continuous combined HRT (ccHRT)².

Health professionals should inform women of the benefits and risks of HRT, thus empowering them to make their own decision regarding continuation of therapy. The decision will vary according to the individual's risk profile and personal opinions/desires.

TAILORING THERAPY TO THE POSTMENOPAUSAL WOMAN

It is vital in this group of women that side effects and risks of HRT are minimised whilst the benefits are maintained'. Women should always be counselled regarding all appropriate regimens. As most do not wish to resume menstruation, ccHRT is the treatment of choice.

REGIMENS

ccHRT is currently available in either oral or transdermal (patch) forms. Combined gels and nasal HRT are in development, but are not yet available. **Low dose preparations (typically containing 1 mg of oral oestradiol) are particularly good for the postmenopausal woman" since they maintain the benefits of the higher dose preparations on symptom relief and osteoporosis prophylaxis**⁶. In addition, low-dose preparations minimise side effects such as breakthrough bleeding (BTB), progestogenic side effects and breast tenderness.

The gonadomimetic tibolone⁷ is also useful for the postmenopausal woman as the incidence of BTB and breast tenderness is extremely low and it does not increase mammographic density. Early observational and pre-clinical data suggest a reduced incidence of breast carcinoma. However, the results of confirmatory studies are yet to be published.

Nasal oestradiol and the systemic oestradiol vaginal ring maybe associated with a low incidence of breast tenderness. Oestradiol is rapidly absorbed, with maximal levels being reached in 30 minutes and returning to <_10 percent of peak values in 2 hours. It is thought that this minimises side effects whilst maintaining efficacy.

HRT IN THE SURGICALLY MENOPAUSED WOMAN

The surgically menopausal woman when oophorectomised has a profound decrease in her hormonal constitution.

When prescribing the following need to be considered:

- Adequate doses of oestrogen are needed (higher doses in younger women). However, implanted oestrogen can be given in a dose of 25mg as duration and degree of symptom control is no different from the 50mg dosage'.
- There is no need for a progestogen to be added in hysterectomised women.
- Testosterone replacement is almost mandatory to maintain energy and libido (currently only available in implanted form for women [starting dose of 25-50mg Implant]).

There are data suggesting that even women who undergo hysterectomy with ovarian conservation are at risk. This maybe due to interference with ovarian blood supply or it maybe that these women were close to the menopause anyway". If they exhibit hypoestrogenic symptomatology, oestradiol/FSH should be assayed and consideration should be given to HRT sooner rather than later.

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Author: Dr Nick Panay, Consultant Obstetrician and Gynaecologist, Queen Charlotte's & Chelsea Hospital, London.

With contributions from: Dr Justine Setchell, General Practitioner, St. Margaret's Medical Practice, Twickenham and Ms Gilly Andrews, Clinical Nurse Specialist in the Menopause and Family Planning, The Lister Hospital and King's College Hospital, London.

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