

Postmenopausal hormone replacement therapy

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Menopause

- Menopause is defined as the time in a woman's life, usually between 45 and 55 years, when the ovaries stop producing eggs and menstrual periods end.
- For several years before menopause, menstrual periods become irregular, and many women develop hot flashes, night sweats, and vaginal dryness. This stage is called **perimenopause** or **the menopausal transition**.

Menopause

- A woman is said to be postmenopausal when she has not had a menstrual period for at least **12 months**.
- The **average** age of menopause is 51.
- During the transition to menopause, the ovarian production of estrogen decreases by more than 90 percent.



Menopause

- The decrease in ovarian estrogen production may cause symptoms such as **hot flashes**, also known as **vasomotor symptoms**, and a **dry vagina**.
- There are a number of options available to ease the symptoms of menopause, including estrogen.

What is postmenopausal hormone therapy?



- Hormone therapy is the term used to describe the two hormones, estrogen and progestin, that are given to relieve bothersome symptoms of menopause.

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Postmenopausal hormone therapy:

Estrogen

- Estrogen is the hormone that relieves the symptoms.
 - Women with a uterus must also take progestin (a progesterone-like hormone) to prevent uterine cancer.
 - This is because estrogen alone can cause the lining of the uterus to overgrow (potentially leading to uterine cancer).
- Women who have had a hysterectomy do not have a uterus and cannot develop uterine cancer. These women are treated with estrogen alone

Postmenopausal hormone therapy:

Estrogen

- Estrogen is available in many different forms:
 - Estrogen pill (Premarin) (to increase bone density and treat menopausal symptoms)
 - Estrogen patch (to increase bone density and treat menopausal symptoms)
 - Vaginal estrogen (vaginal dryness)
- Women with a uterus would also need to take progestin pills

Postmenopausal hormone therapy: Progestin

- Postmenopausal women with a uterus who are treated with estrogen alone have an increased risk of developing uterine cancer and hyperplasia (a precursor to uterine cancer). Taking a second hormone, progestin, minimizes this risk.

Postmenopausal hormone therapy:

Progestin

- Oral progestins (Medroxyprogesterone acetate - Farlutal, norethindrone - Trisequens, norgestrel - Cycloprogynova)
- Intrauterine progestin (An intrauterine device (IUD) is a device that releases progestin (called Mirena®). This type of IUD has also been used in menopausal women to minimize the risk of developing uterine cancer or treat endometrial hyperplasia.)

Risks and benefits of hormone therapy

- The Women's Health Initiative (WHI) was a large study designed to find out if hormone therapy would reduce the risk of heart attacks (coronary heart disease (CHD)) after menopause.
- This study found that taking estrogen-progestin in combination actually increases the risk of heart attacks, breast cancer, blood clots, and strokes in older postmenopausal women.

Risks and benefits of hormone therapy

- The results of the estrogen-only study were different. Women who took estrogen alone had a small increase in the risk of stroke and blood clots, but there was no increased risk of heart attacks or breast cancer.

Risk of heart attacks

- There is NO increased risk of heart attacks related to hormone therapy in women who:
 - Became menopausal less than 10 years before starting hormones **or**
 - Were 50 to 59 years when they took hormone therapy
- Women who become menopausal more than 10 years ago or over age 60 years were at increased risk of having a heart attack related to hormone therapy.

Risk of breast cancer

- There is a small increased risk of breast cancer in women who took combined estrogen-progestin therapy, but not in women who took estrogen alone.

Risk of osteoporotic fracture

- The risk of breaking a bone at the hip or spine because of osteoporosis is lower in women who take estrogen-progestin or estrogen alone.
- However, hormone therapy is not recommended to prevent or treat osteoporosis because there are bone medicines (called bisphosphonates) that have fewer serious risks

Risk of dementia

- In women who took combined estrogen-progestin or estrogen alone, there was no significant improvement in memory or thinking, but there was an increase in the risk of developing dementia.

Risk of depression

- Some women develop depression for the first time during the few years leading up to menopause.
- Some studies show that estrogen treatment helps to improve mood and decrease depression.
- However, some women need to be treated with both estrogen and an antidepressant to feel completely better.

Who should take hormone therapy

- The most common reason for taking hormone therapy is to treat bothersome menopausal symptoms, such as hot flashes.
 - Most experts agree that hormone therapy is safe for healthy women who have menopausal symptoms.
 - If you decide to take hormones, you should take them for the shortest period of time possible. Short-term use of hormones (less than five years) does not seem to increase the risk of breast cancer.

Who should avoid hormones?

- Current or past history of breast cancer
- Coronary heart disease
- A previous blood clot, heart attack, or stroke
- Women at high risk for these complications

What about women with breast cancer?

- Women with breast cancer often experience early menopause due to breast cancer treatments.
- In these women, estrogen or hormone therapy (by mouth or patch) is **NOT recommended**. The hormones could increase the chance of the cancer coming back.
 - Alternatives to hormone therapy are available and are often effective in relieving bothersome menopausal symptoms.

Thank you for your attention!



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