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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

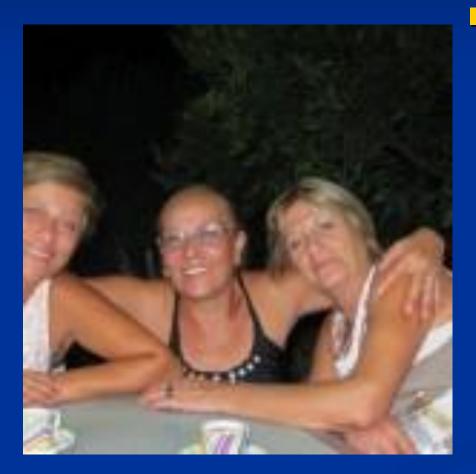
- A woman is said to be postmenopausal when she has not had a menstrual period for at least **12 months**.
- The **average** age of menopause is 51.
- During the transition to menopause, the ovarian production of estrogen decreases by more than 90 percent.



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.
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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.

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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 estrogenprogestin 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. Shortterm 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.
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Thank you for your attention!

