HRT in Perimenopausal Women

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This is the Change

But the CHANGE is not a disease…

Introduction

- With a marked increase in longevity, women now spend third of their lives in the post-menopausal period.

- Third of total female population are in menopause. Therefore they would have to cope with the peri & post menopausal syndrome and face the consequences .

- The perimenopausal phase begins with the symptoms of the approaching menopause and ends 12 months after the last menstrual period.
- From a biological viewpoint, ovarian function declines gradually, with the cessation of periods as the end point.
- This transition from reproductive to non-reproductive stage may last for more than 10 years.

- Perimenopausal women may fall into one of several hormonally deficient categories: estrogen deficiency only, progesterone deficiency only, or both.

- Treatment therefore may include estrogen or progesterone or a combination of the two. Some women also may benefit from small doses of the male steroid hormone, testosterone.

Symptoms

- Menstrual irregularities
- Hot flushes
- Night sweats
- Irritability
- Tiredness
- Dyspaurenia
- Frequency of micturation

Symptoms

- Skin wrinkles
- Mood change
- Sleep disorder

Increase risk of :

- Osteoporosis
- Coronary heart disease
- Stroke

Management

- Hormonal therapy to relieve symptoms and regulate menstrual cycles is the corner stone of therapy for perimenopausal women.

- The clinical goals of perimenopausal treatment are to optimize a woman's health and well-being during and after this transition period.

- Treatment must be individualized, depending on her pattern of symptoms, over all health, hormonal status, and personal preferences.

- Clinical research data on the perimenopause are still limited, so health care providers must extrapolate findings from the treatment of postmenopausal women and rely on their own clinical experience when managing symptoms.

Hormone Replacement Therapy (HRT)

- Available in the form of oral estrogen, progesterone and combination of both.
- Also available in the form of gels, creams, patches and other hormone products.
- Raloxifene, a selective estrogen receptor modulator.
- Tibolone is an SERM whose metabolites have mixed estrogenic, progestogenic and weak androgenic activity.

Example of gels, creams, patches and other hormone products.

Estrogen products:

- Vaginal Cream-micronized 17-beta-estradiol.
- Vaginal Tablet- estradiol hemihydrate
- Vaginal Ring- micronized 17-beta estradiol

- Skin Patch Alora micronized 17-beta-estradiol
- Skin Gel Estrogel estradiol gel
- Skin Cream Estrasorb estradiol topical emulsion

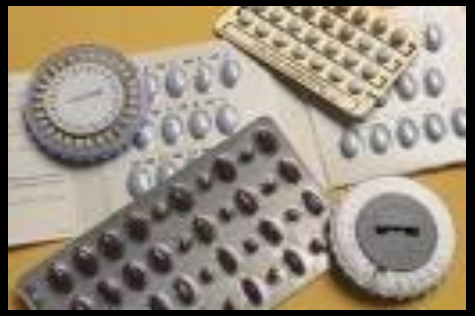
Progestin products:

- Vaginal Gel- progesterone
- IUD- levonorgestrel

Estrogen plus progestin products:

- Skin Patch- 17-beta-estradiol and norethindrone.

Hormone Therapy Schedule



Cyclic or sequential:

- Estrogen every day
- Progesterone or progestin added for 10–14 days out of every 4 weeks.

Continuous-combined :

- Estrogen and progestin daily without a break

Initiation of HRT

- Epidemiologic and clinical studies have demonstrated that the use of low-dose oral contraceptives (LOC; <= 35 micrograms of ethinyl estradiol) after the age of 35 years and up to menopause is safe and effective for treating perimenopausal symptoms and preventing unwanted pregnancy.

- Contraception remains an important issue for perimenopausal women. Pregnancy in this age group is associated with increased maternal mortality, spontaneous abortion, fetal anomalies, and perinatal mortality.

- When the perimenopausal woman transitions to menopause, HRT may be initiated.

- Many clinicians now recommend empirically switching patients to HRT between the ages of 52 and 54,when they can be presumed to have reached menopause.

- Oral contraceptives are contraindicated in any woman over 35 who smokes because of the increased risk of myocardial infarction and other circulatory problems.

- These medications also are contraindicated in women with a history of deep-vein thrombosis, stroke, estrogen-dependent neoplasia or undiagnosed abnormal genital bleeding.

Other regimens for the perimenopause:

Sequential HRT

In order to minimize the risk of breakthrough bleeding (BTB) treatment should be:

- Commenced with sequential HRT.
- Timed to the endogenous cycle and commenced on day one or two of menstruation (if still menstruating).

Switch to continuous combined HRT

- It can be difficult to know exactly when to switch treatment from sequential to continuous combined therapy. Many datasheets still advise that continuous combined therapy is not commenced before the age of 54 years (the age when 80 per cent of women will be postmenopausal) or after 1 year of sequential therapy.

Contraindication of HRT

- History of endometrial, ovarian or breast cancer.
- Personal or family history of DVT or PE.
- History of heart attack, angina or stroke.
- Uncontrolled high blood pressure.
- Pregnancy
- Severe liver disease.
- Undiagnosed breast lump.
- Abnormal vaginal bleeding.

Risk of HRT

- After the results of some big studies published between 2002 and 2004. the use of HRT declined dramatically.
- These were the Women's Health Initiative Study in the USA and the Million Women Study in the UK.
- These Studies raised concerns over the safety of HRT.

- These study showed an increased risk of breast cancer, coronary heart disease, thrombo embolic events and stroke.
- Showed protection against fractures (vertebral and non vertebral) and colon cancer.
- The average age of participants was 63, and only 3.5% of the women were 50–54 yr old, the age when women usually make a decision regarding initiation of HRT. In addition, the WHI did not address the major indication for HRT use, relief of symptoms.

- There are only a few trial that have looked at younger women who have started HRT at an early age.
- Recent few studies showed that HRT started near the menopause may decrease the risk of coronary heart disease, breast cancer, diabetes, and osteoporotic fractures.
- A study showed that women using HRT in the form of patches containing low doses of estrogen may not have an increased risk of stroke; compared with non HRT users.

Conclusions

- Perimenopause is not a disease, but it does have serious clinical sequele.
- Any intervention is effective for specific symptoms and/or risk profiles.
- We have to guide our female (they are not patients) through the menopausal transition.
- Not every woman will have the same response to a given therapy. Be flexible in prescribing patterns, whether it is for traditional HRT or alternative approaches.

- Short-term treatment with hormone therapy is preferred to long-term treatment.
- The lowest effective estrogen dose should be given for the shortest duration required, because risks for hormone therapy increase with advancing age, time since menopause and duration of use.

- New RCTs are needed to resolve the questions about risk of HRT in perimenopausal women.


Thank You.