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Managing Symptoms of Menopause

Women Have Options

Since 1941, the Canadian discovery and launch of Premarin or conjugated estrogens (tablets and vaginal cream) became the mainstay of treating menopausal symptoms until the 1980s when transdermal technology (patches) provided the first alternative. And in the 1990s Estrogel - the transdermal option that can simply be smoothed directly onto a woman's skin - was also introduced in Canada.

"Estrogen" is, of course, the main hormone responsible for symptom control while progestogens are co-prescribed for women who have a uterus. In effect, a progestational agent such as Prometrium (micronized progesterone) or Provera (medroxyprogesterone) is added to prevent endometrial hyperplasia; a condition that if left untreated can increase a woman's risk of developing endometrial cancer.

Running parallel to these emergent transdermal options (and the long-awaited availability of micronized progesterone) is the more recent trend of "compounding" estrogen(s), with or without micronized progesterone, by pharmacists. These compounded options - often called bio-identical hormones - are also applied to the skin



What are some of the concerns about hormone therapy?

Women who are considering using hormone therapy worry most about the risk of developing breast cancer, as well as developing cardiovascular disease and stroke.

Let's discuss these risks - The biggest risk factor for developing breast cancer is age. In other words, risk for breast cancer naturally increases with age. Other risk factors for breast cancer include obesity, late menopause, early menarche, smoking, alcohol consumption (more than two drinks per day), weight gain, and lack of regular exercise. Most of these risk factors are modifiable, meaning you can change them and **decrease your risk by doing the following:**

- ✓ **Maintain a healthy body weight**
- ✓ **Limit alcohol consumption to two drinks per day or less**
- ✓ **Exercise regularly**

Taking hormone therapy for five years or less does NOT appear to increase breast cancer risk. It carries less risk than any of risk factors listed above. ¹

Heart disease is the #1 killer of women in North America. Before menopause, endogenous estrogen confers a protective effect against heart disease. After menopause, a woman's risk of heart disease increases steadily due to lack of endogenous estrogen. In fact women who start hormone therapy within 10 years of menopause actually have decreased risk of heart disease. ¹

What else can you do to decrease your risk of heart disease?

- ✓ Exercise regularly (150 minutes per week or more)
- ✓ Quit smoking
- ✓ Maintain a healthy blood pressure
- ✓ Get screened for diabetes

Hormone Therapy and the risk of Blood Clots and Stroke

Stroke risk is highly related to age and occurs more often in men than women. Hormone therapy does not increase the risk of stroke in young women (age 50-59). Women 60 years of age or older using oral hormone therapy may have a higher increased risk of developing a stroke while transdermal hormone therapies do not seem to carry the same increased risk.

What can you do to decrease your risk?

- ✓ Choose transdermal hormone therapy if 60 years of age or older
- ✓ Maintain a healthy weight
- ✓ Get screened for diabetes
- ✓ Maintain a healthy blood pressure

Who may NOT be a candidate for hormone therapy?

- A woman who wishes to initiate therapy more than 10 years after menopause (due to increased risk of cardiac events)
- A personal history of breast or endometrial cancer
- A recent stroke or thromboembolic event
- The presence of coronary heart disease
- The presence of unexplained vaginal bleeding

Take home messages ²

1. Menopause is a natural event in a woman's life - a universal, biological phenomenon.
2. Symptoms can be debilitating for some women.
3. Hormone therapy is an appropriate option for women experiencing hot flashes or night sweats, urogenital symptoms or osteoporosis in combination with other menopause symptoms.
4. Hormone therapy is the most effective treatment for hot flashes and night sweats.
5. Risk of breast cancer is NOT increased when hormone therapy is used for 5 years or less.
6. Hormone therapy actually decreases heart disease risk if started within 10 years of menopause.
7. Blood clot and stroke risk are not increased in young women using hormone therapy.
8. Using transdermal hormone therapy may be an option in women 60 years of age or older
9. Women should be re-evaluated for the need to continue hormone therapy on a regular basis, keeping in mind that vasomotor symptoms improve with time.
10. Vaginal hormone therapy is a safer alternative if the only bothersome symptoms are urogenital.

*Like the onset of menarche,
menopause is a natural milestone in a woman's life*

- Women are born with the total number of eggs (ova) they will ever have in their lifetime
- The word menopause comes from Greek and means menses (month) pausis (stops)
- At menopause, a woman's eggs are depleted and menstruation stops
- Women will spend about one-third of their lives post menopause
- Symptoms of peri-menopause often begin in a woman's 40s and may persist for 10 years after menopause
- The average age of menopause is 51
- Symptoms vary widely, (beyond hot flushes and night sweats), can affect every part of the body, as well as mood and sleep patterns
- Estrogen replacement is used to help reduce hot flushes/night sweats (vasomotor symptoms), vaginal dryness or pain, and may also to help reduce bone loss associated with osteoporosis around the time of menopause
- Symptoms may also be relieved with lifestyle choices including avoiding triggers that exacerbate vasomotor symptoms such as alcohol or spicy foods, and using vaginal lubricants if painful intercourse is a problem
- Other healthy lifestyle choices are also recommended: Eat nutritious foods, don't smoke cigarettes, maintain a healthy weight and get regular exercise
- Seek medical assistance for the recurrent vaginal or urinary tract infections some women experience around the time of menopause

References

1. SOGC (2014). Managing Menopause. *Journal of Obstetrics and Gynaecology Canada*, 36(9), S1-S80. Sigma Canadian Menopause Society. (2011-2015). Retrieved from www.sigmamenopause.com. The North American Menopause Society. (2010). *Menopause Practice: A Clinician's Guide*
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Medical Arts Pharmacy 173 Montreal Road & 30 13th Street East, Cornwall, Ontario Phone: 613-932-6501 or 613-933-0670