

Other Intervention Options

by

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**A menopausal woman is
a middle-aged woman.**

As a menopausal woman:

She is hypoestrogenic and will suffer, at various levels, from its consequences.

As a middle-aged woman:

She will suffer from the process of natural aging, both from a biological and a psychological perspective.

Hormonal Replacement Therapy

(HRT) seems to be the more physiological approach, when it is not contraindicated.

With or without HRT

There are always three fundamental objectives:

(1) relief of symptoms

(2) maintenance and improvement of health

(3) prevention (primary or secondary) of

diseases

Hormonal Therapy

◆ **Hysterectomized woman:**

-Subcutaneous route: estradiol
(occasionally with testosterone) implants

-Transcutaneous route: estradiol patches
or gels

-Oral route: conjugated estrogens,
micronized estradiol

Hormonal Therapy

◆ **Non hysterectomized woman:**

- Oral route:

1- continuous estrogens (0.625 mg/day, conjugated estrogens; or 1-2 mg/day micronized estradiol) with cyclic norethisterone (0.5 mg/day on 3 consecutive days/week)

2- Tibolone

3- SERM's

- Vaginal route: estriol

HRT is not possible ...

- When it is not wanted by women.
- When women do not feel its need.
- When there are contraindications.

The assessment of *health* is far more difficult than the diagnosis of *disease*.

« Health is a condition of physical, mental and social wellbeing and not only the absence of disease. »

W.H.O.

The attending physician must

- adopt a holistic vision of the middle age woman who comes to him for *support*.
- be concerned and involved in all the aspects that define *health*.

A modern gynecologist must ...

know how to identify risk factors
and to modify them in order to
prevent diseases.

Ageing and lack of estrogens ...

- insulin resistance
- increase in blood pressure
- changes in lipid metabolism
- decrease in immune function
- increase in stored fat

Molecular nature of chronic diseases

- excessive insulin
- excess in glucose
- excess in free radicals
- excess in cortisol

causing ...

-
- increased caloric consumption
 - increased DNA turnover
 - increased AGE's formation

(advanced glycosilated end products)

and...

-
- neural death
 - imbalance in eicosanoid synthesis

Sears, B. The anti-aging zone. Harper Collins
Publisher Inc. New York, NY, 1999

Closely related to these problems:

- nutrition
- exercise
- life-style

The middle-age woman

- the biological syndrome
- the psychic and neurovegetative syndromes

A tripod to support good health and longevity

- aerobic exercise
- rational nutrition
- pharmacological intervention

More specific interventions

What to do ...

- to prevent coronary heart disease (CHD)?
- to decrease insulin-resistance?
- in cases of resistant obesities?
- to prevent osteoporosis?

Practical Guidelines (1)

- Start a Mediterranean diet
- Start a program of physical fitness, and exercise as much as possible
- Keep mentally active
- Reformulate the life-style

Practical Guidelines (2)

-Take the following nutrients (essential):

- | | |
|----------------|---------------|
| 1 - Vitamin A | 4.000 IU/d |
| 2 - Vitamin B6 | 5-10 mg/d |
| 3 - Vitamin C | 500-1000 mg/d |
| 4 - Vitamin D | 400-800 IU/d |

Practical Guidelines (3)

-Take the following nutrients (essential):

5 - Vitamin E 200-400 IU/d

6 - Folic acid 0.5-1.0 mg/d

7 - Calcium (ion) 500-1000 mg/d

8 - Magnesium 250-400 mg/d

9 - β -carotene 5000 IU/d

Practical Guidelines (4)

- For the prevention of atherosclerosis (advisable):
 - 1 - lovastatin or simvastatin (for primary and secondary prevention, respectively)
 - 2 - aspirin (50-100 mg/d)
 - 3 - angiotension converting enzyme inhibitors

Strategies (1)

- 1 - Time to listen
- 2 - Physical activity
- 3 - Anti-Stress
- 4 - Vasomotor Symptoms
- 5 - Insomnia
- 6 - Headaches and migraine
- 7 - Dyspareunia, frigidity

Strategies (2)

8 - Nutrition and Weight Control

9 - Antioxidants

10 - Phytoestrogens (?)

11 - Dietary fiber

12 - Vitamins (Vit C, A and β -carotene)

13 - Whole foods

14 - Fish

More specific interventions

- 1- Coronary heart disease (CHD)
- 2- Insulin-resistance
- 3- Osteopenia and Osteoporosis
- 4- Breast cancer

Which are the markers of good health?

- 1 - fasting insulin levels less than 10 uU/mL
- 2 - fasting glucose / insulin ratio (mg/dl:uU/mL) greater than 4.5
- 3 - glycosylated hemoglobin less than 5 %
- 4 - fasting triglycerides less than 140 mg/dL
- 5 - low total cholesterol (less than 200 mg/dL)
- 6- LDL less than 130 mg/dL and HDL greater than 50 mg/dL

Which are the markers of good health?

- 7 - triglycerides / HDL ratio less than 2
- 8 - total cholesterol / HDL ratio less than 4.5
- 9 - BMI (body mass index) 20-25 Kg/m²
- 10 - body fat less than 22 %
- 11 - blood pressure: diastolic less than 90 mm Hg and systolic less than 140 mm Hg
- 12- bone mineral density: T above -1.0 SD

References

1- Neves-e-Castro M (2000) **When HRT is not possible.** in *The management of the menopause: the millenium review 2000*; ed. by John Studd. The Parthenon Publishing Group. N.Y.-London - p. 91-102

2- Pinkerton JV and Santen R (1999) **Alternatives to the use of estrogens in postmenopausal women.** *Endocrine Rev* **20**(3): 308-320.

HRT is good...

But...

therapies without hormones
can also be good
for women's health !