

# Practical problems and solutions

by

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**There are 3 fundamental principles to be respected during the first visit of a menopausal woman to the physician she choosed:**

- to *listen***
- to *inform***
- to *advise***

**Once symptom relief has been achieved the decision has to be taken as to its (HRT) continuation for primary or secondary prevention.**

**This must be well explained on the basis of a *benefit/risk analysis*.**

**Morbidity**

**vs**

**Mortality**

**Relative *risk***

**VS**

**Absolute *risk***

**“ Patients are not statistics!**

**They must be treated individually”**

Once the risk factors have been identified (i.e. *bone, lipids, etc*) it is essential to *monitor the response* of those targets to the selected treatment in order to adjust it, accordingly.

**It is very important that the woman**  
*understands what is being done and*  
*how the objectives are being fulfilled.*

**This is the best way to ensure**  
**continuity.**



**A close contact with the family physician is highly desirable in order to give that woman *the best multidisciplinary convergent support.***

# *The take home message:*

**The prescription of long-term hormonal treatments must depend always on a benefit/risk analysis *in comparison with other non-hormonal medications and strategies.***

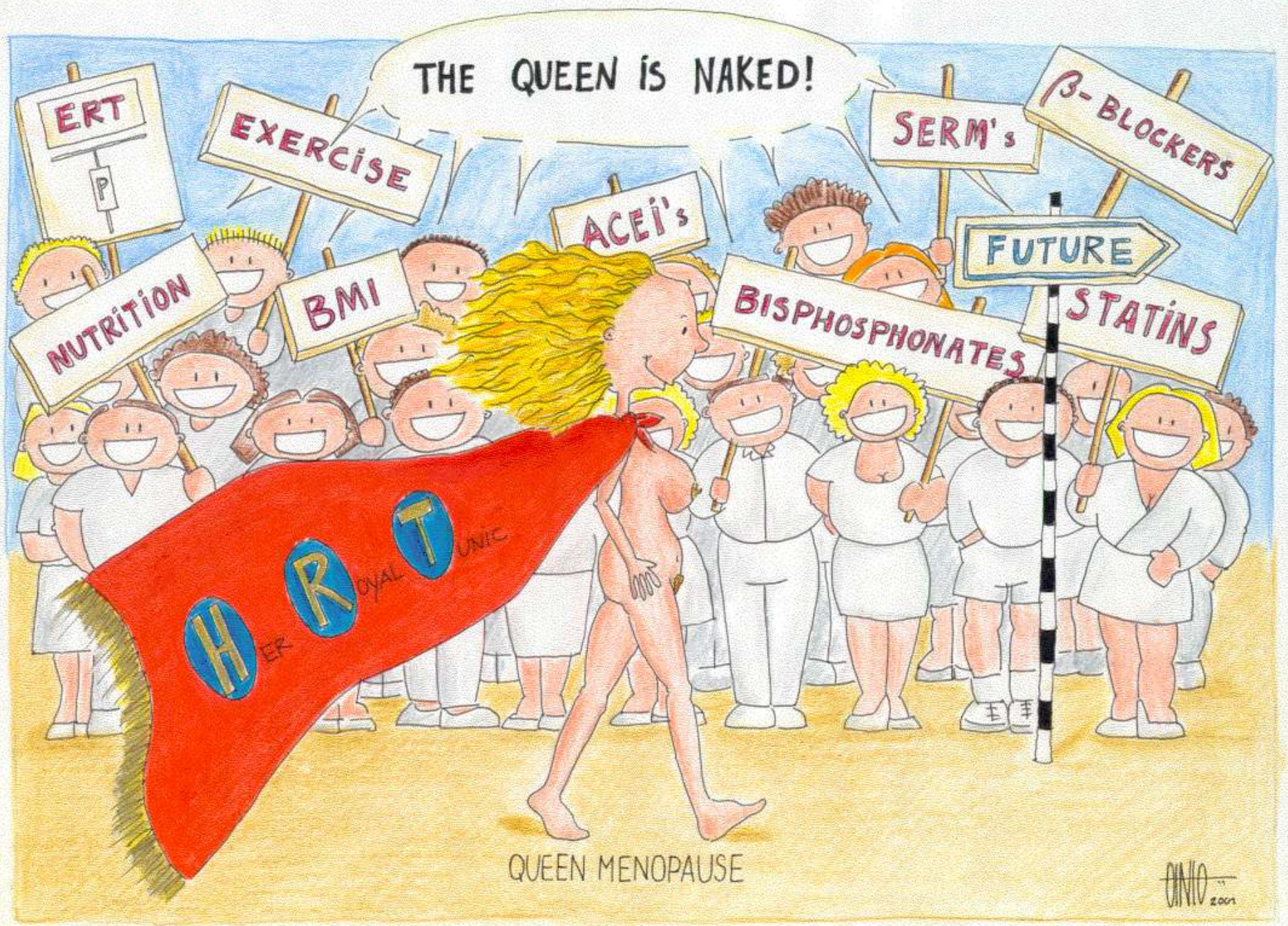
**The physician must give the advice.**

**The woman must take the decision.**

**The physician must give the advice.**

**The woman must make the decision.**





THE QUEEN IS NAKED!

QUEEN MENOPAUSE

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