

# **Menopausal Medicine**

## **The past, the present and the future**

by

*Manuel Neves-e-Castro, MD*

*(Lisbon, Portugal)*

September 2002

**. The past ...**

**. The present ...**

**. The future ...**

# Objective of our work

## The WOMAN

post menopausal ?

middle-aged ?

**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 ageing, both from a biological and a psychological perspective.

**The main goal is**

**women's health**

**and not**

**hormonal therapies**

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

W.H.O.



# Attention!

-The therapeutic support during the menopause is not confined only to drugs.

-**It is not the menopause that is going to be treated:**

-It is a woman, in a very special period of her life, with affective and hormonal imbalances, who needs to be supported and treated as a whole, as she is.

# *Look for risk factors*

**Cardiovascular**

**Cancer**

**Bone**

**CNS**

**HRT**

*Hormone replacement therapy?*

or

**MHT**

*Menopausal hormonal therapy?*

# Hormone Replacement Therapy concept

To **add** hormones that should physiologically be present at any time in life

## Examples:

- **insulin** (*type I diabetes*)
- **cortisone** (*Addison's disease*)
- **thyroid** (*hypothyroidism*)
- **growth hormone** (*dwarfism*)
- **androgens** (*orchidectomy*)
- **estrogens** (*surgical or premature menopause, gonadal agenesis*)

What is physiologic in the postmenopause is a decline in the endocrine function of the ovary (*hypoestrogenism*).

Therefore, *there is nothing to replace !*

Thus, it is not physiologic to give estrogens to all women, although estrogens are very important pharmacologic agents to specifically treat symptoms and to prevent diseases that are associated with/or caused by the decrease of estrogens in the postmenopause

If *Hormone Replacement Therapy* was a correct designation then this was no therapy at all but simply a replacement. It would not be a treatment for a disease but a restoration of what would be physiologic, which is not the case in the natural postmenopause.



**HRT must be changed to**  
***Postmenopause Hormone***  
***Treatments (PMHT)***

If ***Hormone Replacement Therapy*** is accepted that would mean that **all** postmenopausal women must be given hormones.

Postmenopausal (PMHT)  
Hormone Treatment is a  
concept that means that  
estrogens (and androgens) are  
to be used when indicated, in  
conjunction with other non  
hormonal treatments and non  
pharmacological strategies.

# PostMenopause Hormonal Treatments (PMHT)

**They are not  
substitutive**

*They are important for:*

- symptom relief
- disease prevention (primary and secondary)

**HRT**

is a **misnomer** !

It must be made clear that  
**the concept of HRT**

**does not mean** that all  
postmenopausal women  
must be always under  
hormonal treatments

This discussion is important because there is a tendency to consider that there is nothing but estrogens to offer to a postmenopausal woman, and that such treatments are obligatory for every woman and for very long time.

*This is wrong !*

The important issue after all **is**  
**not** the improperly called  
hormone replacement therapy .

What is **important** is the best possible approach to preventive medicine in a mid-aged woman.



**The gynecologists, or the endocrinologists are, above all, the internists of the middle-aged women they accept to help.**

**Either they know how to select and manipulate several treatments, in addition to hormones, or they must cooperate closely with internists.**

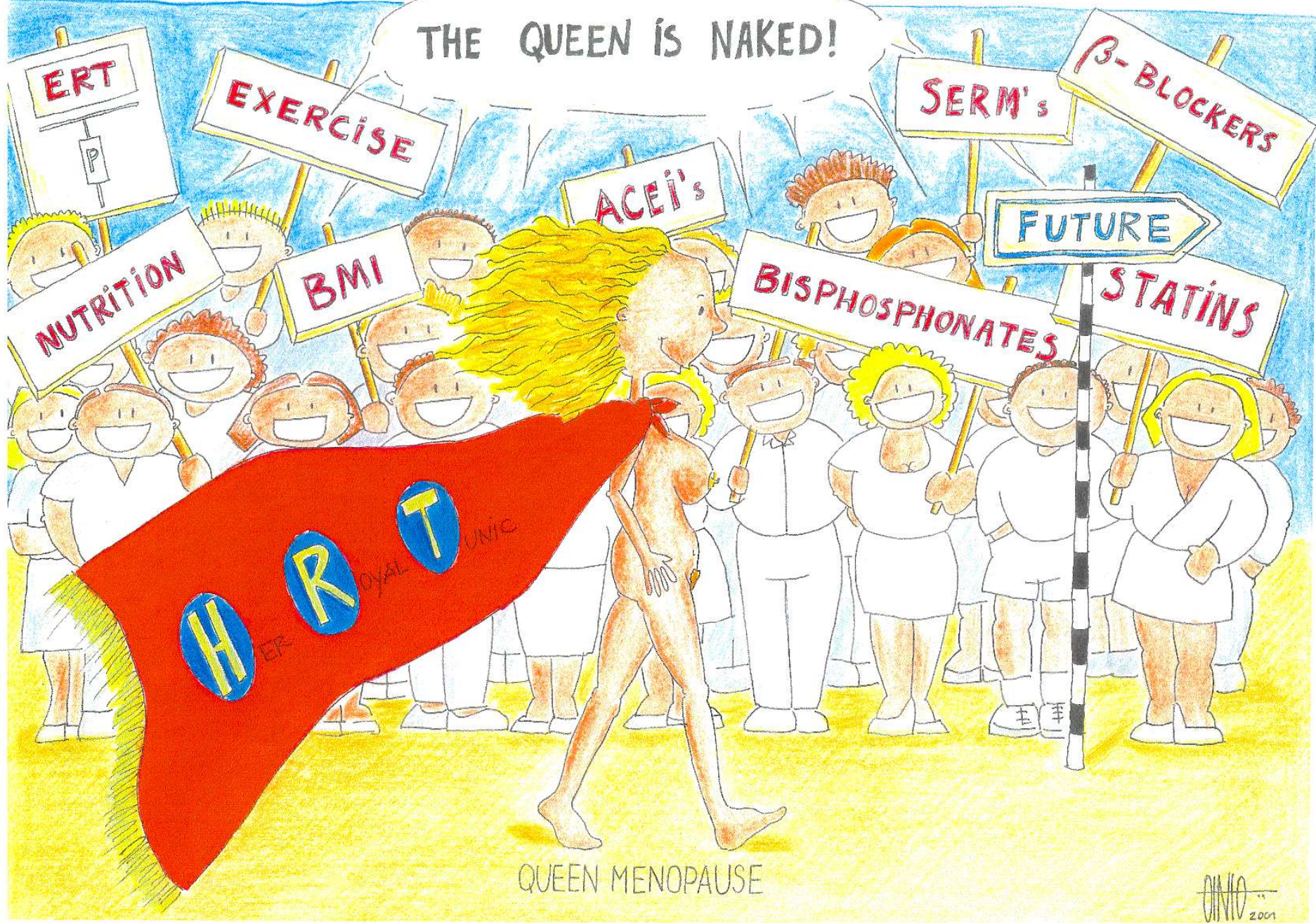
Every discussion about the  
Menopause (*the Queen...*) seems to  
implicate that there is nothing but  
HRT!

*Neves-e-Castro M. Maturitas 2001;38(3):235-237*

The *Queen*... is naked!

*Neves-e-Castro M. Maturitas 2001;38(3):235-237*







**Menopause:**

*Quo Vadis ?*

**Some**

**concepts**

**to remember ...**

# HRT

To give, or ...

*Not* to give?...

**For how long?**



*HRT* seems to be the best pharmacological available strategy to improve *brain function* and to prevent *colon cancer*

**Can side effects be minimized ?**

**First of all, there are many different post-menopausal hormone therapies: different estrogens, different progestins, different routes of administration, different regimens, which have different profiles.**

*Neves-e-Castro M. Maturitas 2001;38(3):235-237*

**Second, there are those who know and those who do not know to tailor-make it to a particular woman and to monitor its efficacy in the targets that have justified its selection.**

*Neves-e-Castro M. Maturitas 2001;38(3):235-237*

**Third, there are those who think that the menopause is a disease to be treated solely with sex hormones, and there are those who believe that the menopause is an event in a middle-aged woman's life.**

*Neves-e-Castro M. Maturitas 2001;38(3):235-237*

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

Neves-e-Castro M. The Queen ... is naked! *Maturitas* 2001;38:235-7.

“All medical interventions should be **individualised** to the specific woman’s age, characteristics and needs”.

*Genazzani AR, Gambacciani M. IMS Expert Workshop, Climacteric 2000;3:233-240*

**Given these latest additions to  
our overall knowledge**

**the policy of EMAS will be to:**



**1. Recommend the use of any HRT to women with climacteric symptoms likely to impact on quality of life and to re-emphasize that topical use of low dose vaginal estrogens can be used by any woman carrying an indication for such therapy.**

**2. To reassess the need of HRT after four years of therapy and not recommend HRT for the sole purpose of preventing chronic disease, such as cardiovascular disease or osteoporosis as other alternatives are available**

**3. To promote the use of additional and alternative non-hormonal strategies for maintaining health and preventing disease in symptom free women of middle age and beyond.**

**Good clinical judgement  
must prevail!**

# Modern gynaecologists :

must be:

- “People”
- Physicians
- *and* ... Specialists

**Menopausal Medicine?**

**Woman's Medicine?**

**Medicine?**

# CONCLUSION

There is only one medicine.

**There are only 2 Medicines:**

**The GOOD Medicine**

and

**The BAD Medicine**

MNC