

THS
Na prática clínica

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Janeiro 2002

PEPI Trial

**Not all progestagens are
alike**

“The pharmacokinetics and efficacy of different estrogens are not equivalent”

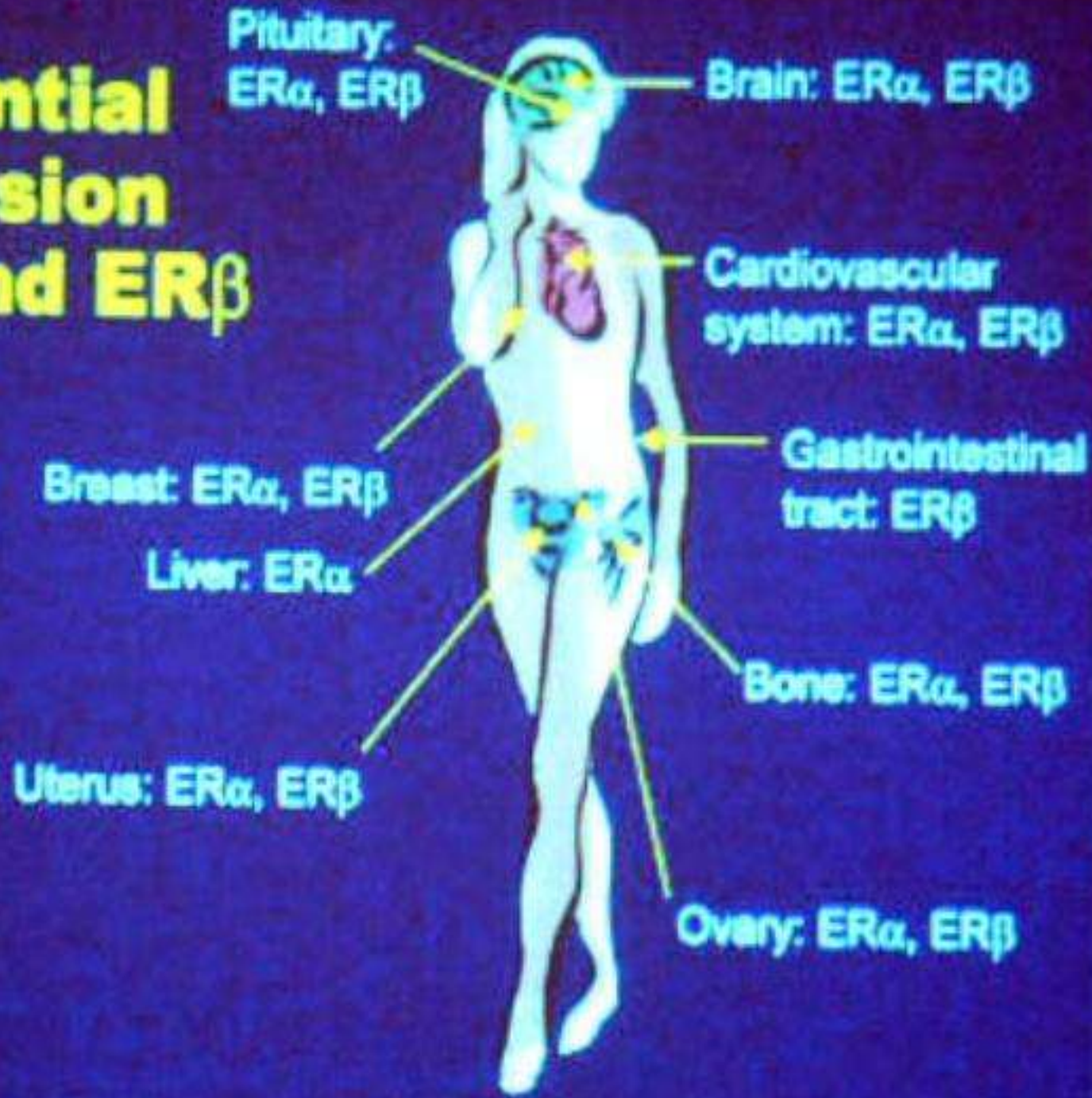
R.Ansbacher –

Am.J.Obstet.Gynecol.2001;184:255-63

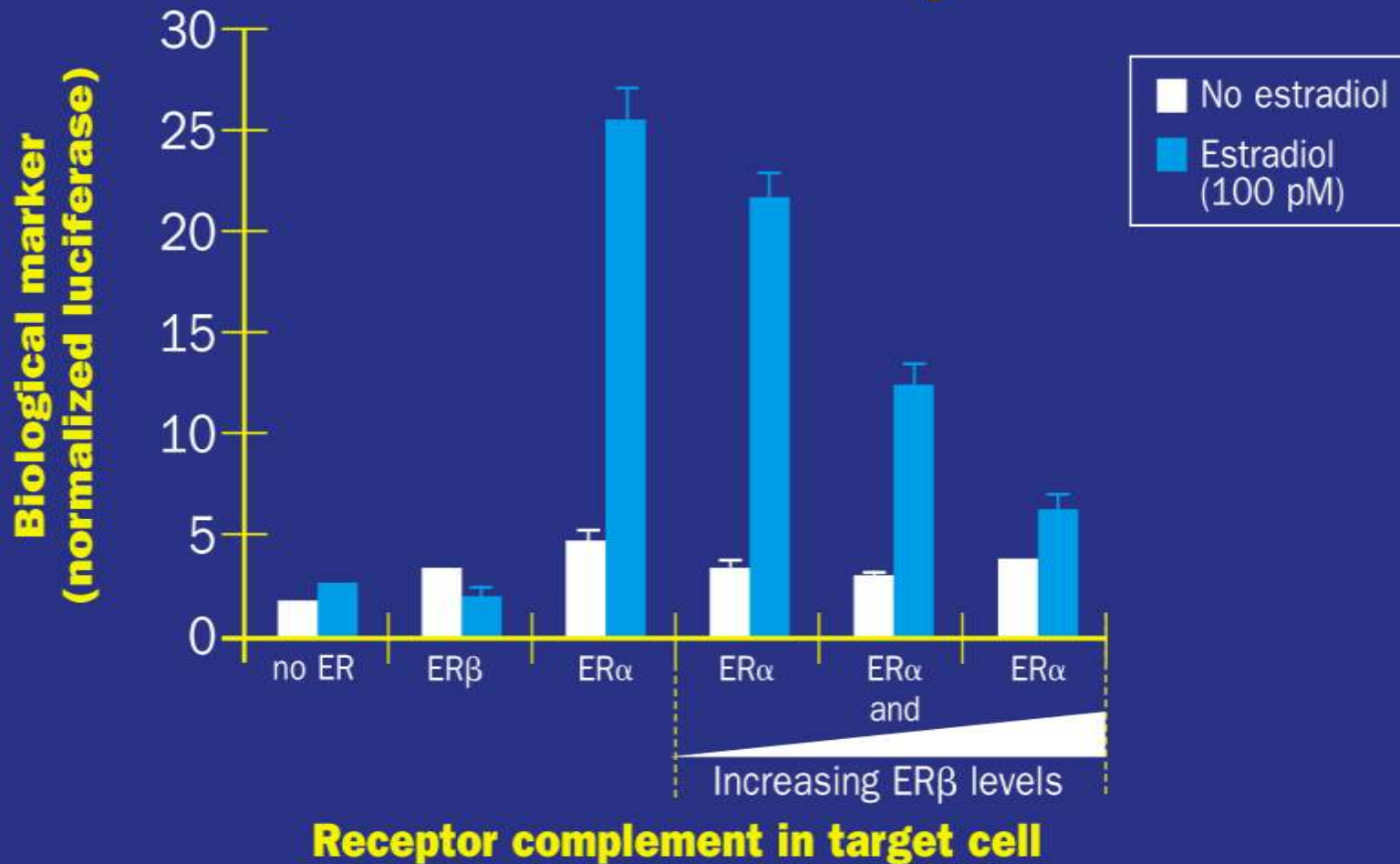
Clinical Observations That Have Driven Research on Estrogen Action

- ▶ Different estrogens appear to exhibit different activities in different tissues
- ▶ The potency and efficacy of a specific estrogen can vary from tissue to tissue
- ▶ There are differences among women with respect to estrogens in various tissues

Differential Expression of ER α and ER β



ER β Inhibits ER α Action in Cells With Both Receptors



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

A *Menopausal* Woman?

or

A *Middle Aged* Woman?

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**

Pharmacologic interventions

- Symptomatic
- Preventive
 - Primary
 - Secondary

Pharmacologic interventions

- hormonal
- non hormonal

HRT

To give, or ...

Not to give?...

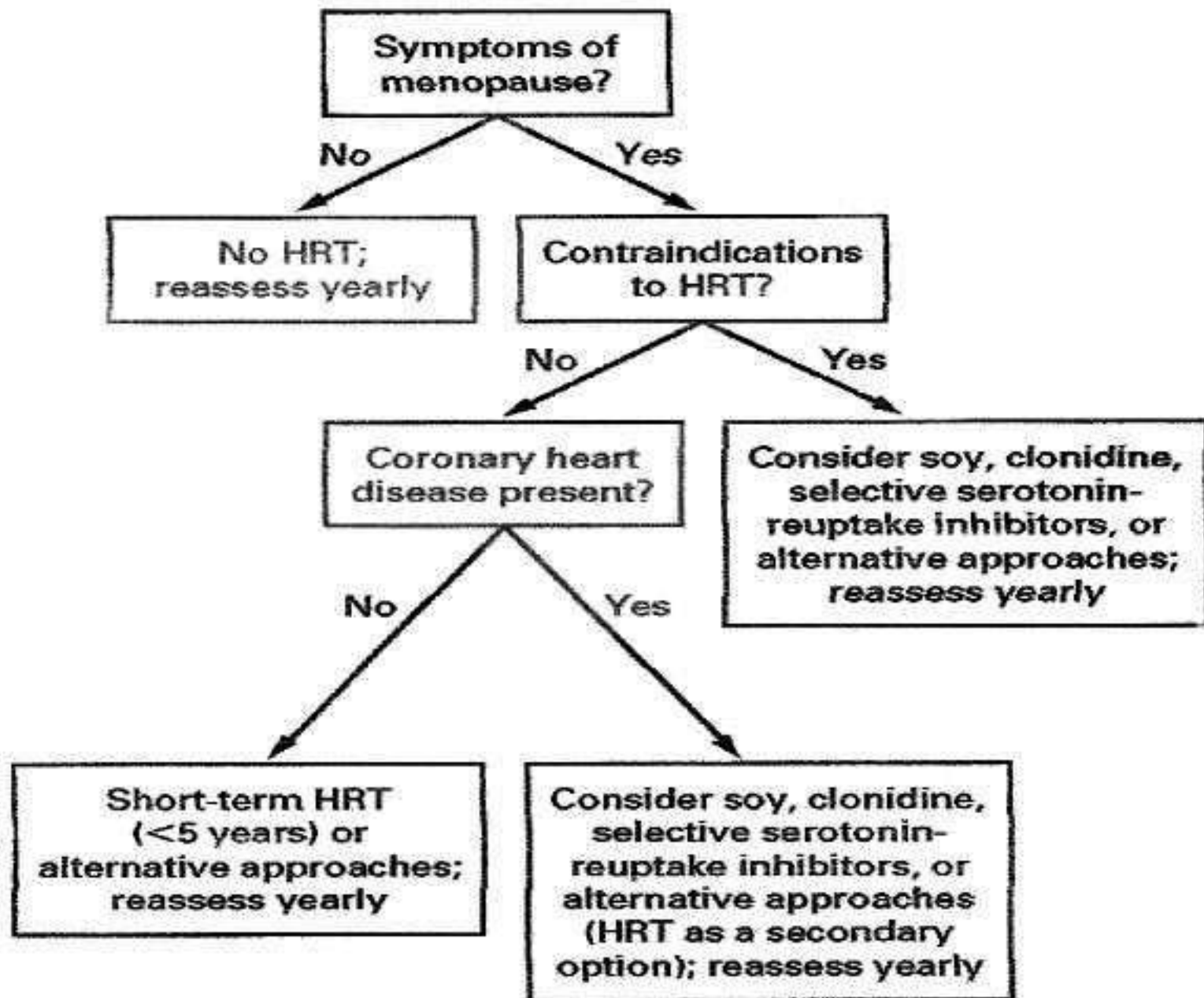
Evidence based Medicine

and

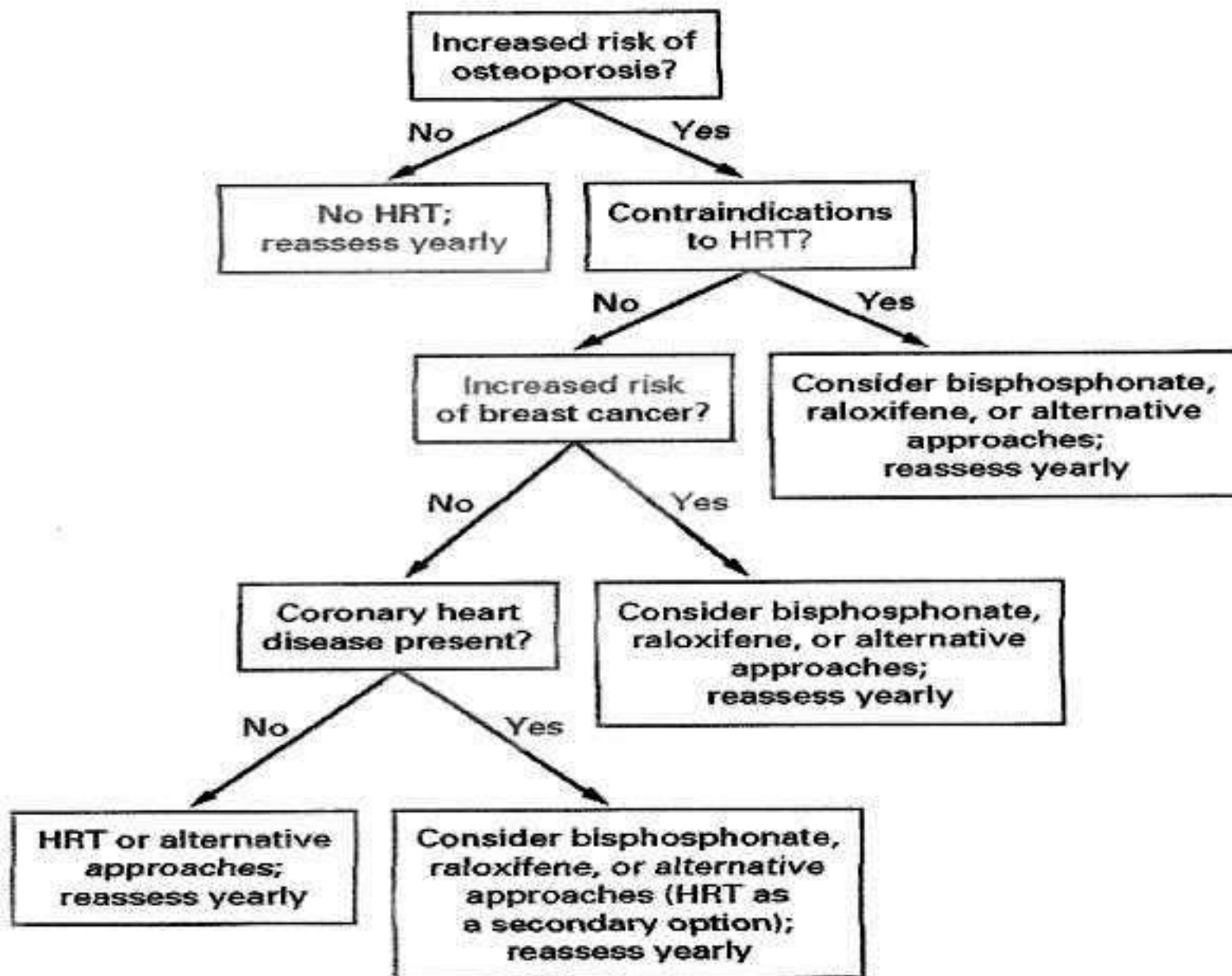
Medicine based Evidence

- **The important issue, after all, is not HRT**
- **What is important is the *best possible approach* to preventive medicine in a middle-aged woman**

Short-Term HRT Use (<5 years)



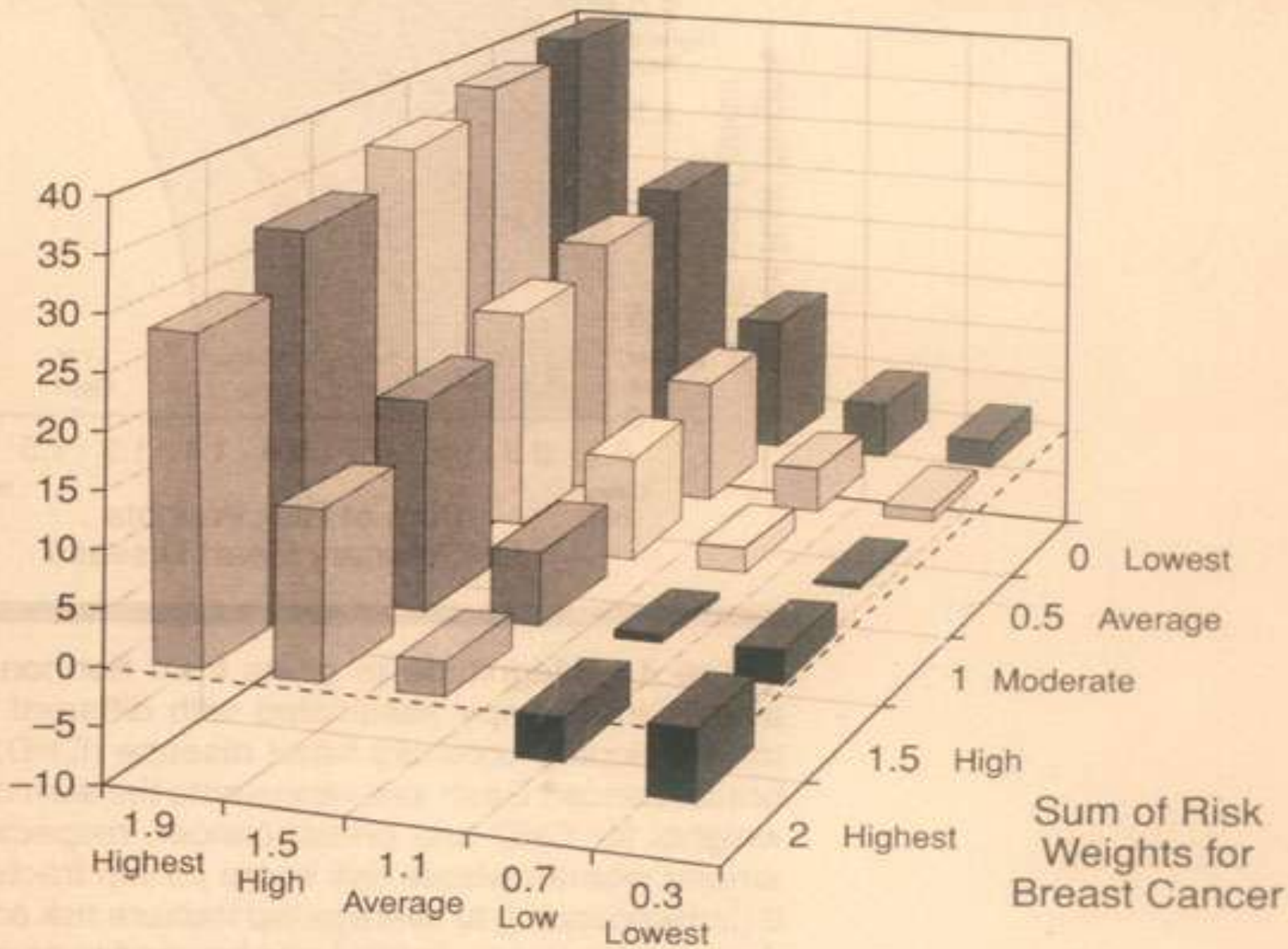
Long-Term HRT Use (≥ 5 years)



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.*

Change in Life Expectancy, mo



“Menopausal” Treatments for the future(1)?

Casper’s “*continuous estrogen/intermittent progestin*”
(*Endometrium protection*)

DHEA-S (*Brain, Bone, CNS*)

Testosterone + Estradiol (*CNS, Bone*)

Melatonin (*CNS, Cancer*)

Phytoestrogens (*CNS, CV, Cancer*)

hCG (*Breast protection*)

Estrogens only (Oral or Parenteral) + **Progesterone medicated
IUD’s** (*Breast and Endometrium protection*)

“Menopausal” Treatments for the future(2)?

Low doses of E + P

Vaginal rings (E)

New Molecules

- Estradiol (lipophilic esthers)
- Estradiol sulfamates

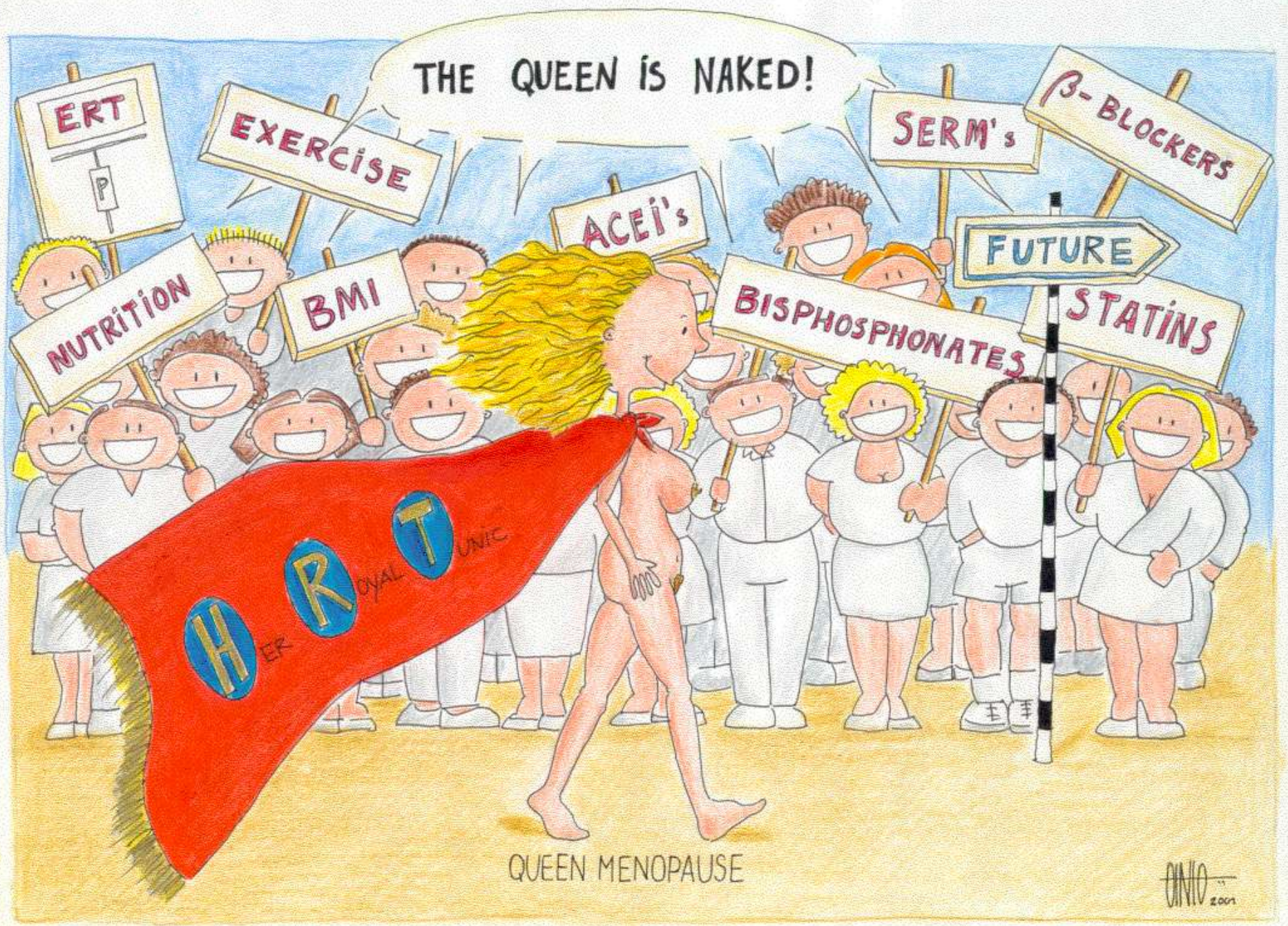
New Molecules

- **Tibolone**
- **Serm's**
- **Bisphosphonates**
- **PTH**
- **ER β ligands**
- **New progestagens (drospirinone)**
- **Vitamin D3 derivatives**

**Menopausal hormonal treatments
are very good.**

but

**Treatments without hormones may
also be very good for a woman's
health**



THE QUEEN IS NAKED!

QUEEN MENOPAUSE

ONVO 2001

HRT is not possible ...

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

A modern gynecologist must ...

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

Modern gynecologists :

must be:

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

As *physicians* - gynecologists:

Our mission is:

- 1. To preserve and to promote the physical and mental health of women.**
- 2. To identify and to modify the risk factors that may lead to diseases.**
- 3. To diagnose and to treat their diseases.**

The physician must give advice.

The woman must take the decision.

The physician must give advice.

The woman must make the decision.

**“The Menopause: an
opportunity”**

Leon Speroff

**“The Menopause: an alarm
clock!”**

M Neves-e-Castro

Science ...

is an art of probability

Medicine...

is an art of uncertainty

Sir William Osler

Preventing a woman from the
benefits of a **sound
postmenopausal hormone
therapy** because of the fear
of rare side effects *does not
seem to be satisfactory
Medicine...*

MNC 3/01

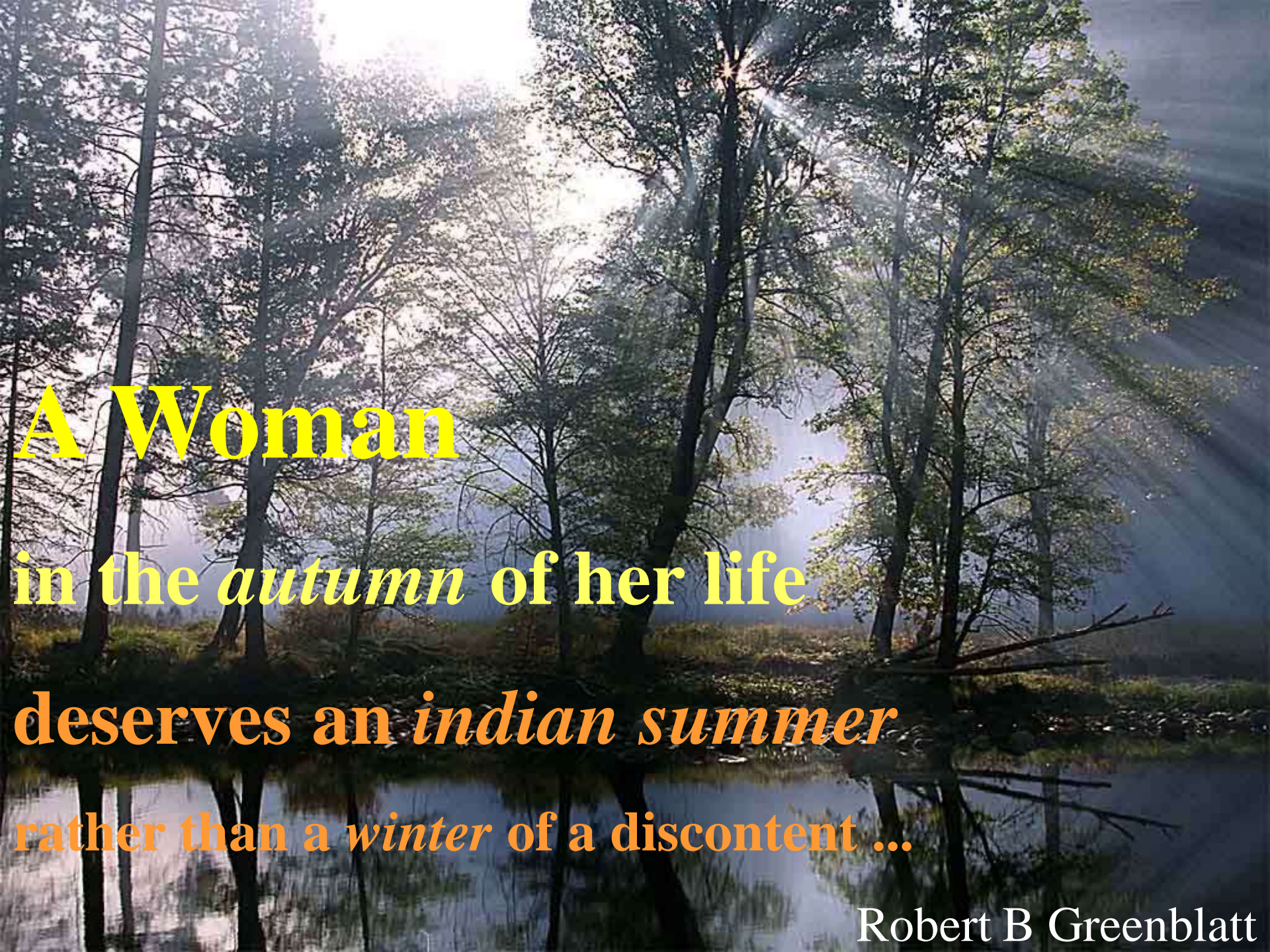
Menopausal Medicine?

Woman's Medicine?

Medicine?

CONCLUSION

There is only one medicine.



A Woman
in the *autumn* of her life
deserves an *indian summer*
rather than a *winter* of a discontent ...

Robert B Greenblatt