

**When HRT is not possible,
what can we do?**

by

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“When hormone replacement therapy is not possible”

Neves-e-Castro M *in* “The Management of the Menopause; The Millennium Review 2000” Ed. John Studd; Parthenon, NY 2000

The middle-age woman

- the biological syndrome

- the psychic and neurovegetative
syndromes

An attending gynecologist must never overlook that his/her primary role is to promote health and to prevent diseases, other than being able only to diagnose and treat the illnesses of mature women.

Health

“Is a condition of **physical, mental** and **social** wellbeing and not only the absence of disease”

WHO

Objectives

Good quality of life:

- a) **maintain and improve Health**
- b) **prevent diseases**

Diseases with higher incidence after menopause

- CV (*dyslipidemias*)
- Bone (*osteopenia, osteoporosis*)
- CNS (*brain dysfunctions and degenerations*)

Risk factors after menopause

Related to:

- hormones
- age
- life style
- nutrition
- exercise

Relative Risk of Breast Cancer and Body Weight

- Weight (> 60 kg) and Age (>50 years)

increases the RR between 1.2 and 1.8

Physical Exercise Activities and Risk of Breast Cancer

- **2 to 4 hours / week** **RR = 0.8**
- **> than 4 hours / week** **RR = 0.4**

Ageing and lack of estrogens ...

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

*A tripod to support
good health and longevity*

- **aerobic exercise**
- **rational nutrition**
- **pharmacological intervention**

Pharmacologic interventions

- Symptomatic
- Preventive
 - Primary
 - Secondary

Pharmacologic interventions

(non hormonal)

- **Statins**
- **β blockers**
- **Calcium – channel blockers**
- **Diuretics**
- **Angiotensin C.E. inhibitors**
- **Bisphosphonates/calcium**
- **Tranquilizers**
- **Serotonin and noradrenalin reuptake inhibitors**
- **Metformin**
- **etc**

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**

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 HLD 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**

“Recently revised NCEP guidelines indicate that for women aged 45 to 75, the favorable effects of therapy with “statins” in clinical trials make a cholesterol-lowering drug preferable to HRT for CAD risk reduction”.

Cleeman J. JAMA 2001;285(19):2486-97

British recommendations on prevention of coronary heart disease in clinical practice:

BMJ 2002;320:705-708

Lifestyle targets for all patients

- . Stop smoking**
- . Make healthier food choices**
- . Aerobic exercise**
- . Moderate alcohol consumption**

“It appears that **half of the benefits** in the prevention of cardiovascular diseases **are not hormone related**”!

*Mosca L, Grundy SM, Judelson D, et al. Circulation
1999;99:2480-4*

The *Nurses Health Study* has shown that between 1980 and 1994 there was a **31% reduction in CHD**. Better nutrition, smoking cessation and hormonal treatments in the menopause were responsible for the **18%, 13 %** and **9%** reduction, respectively.

Hu FB, Grodstein F et al. Trends in the Incidence of Coronary Heart Disease and Changes in Diet and Lifestyle in Women. *NEJM* 2000;343:530-537.

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.

Our main goal, as attending physicians of postmenopausal women, is the **maintenance of their health** and the **primary and secondary prevention** of the diseases, which are more prevalent after age 50.

Neves-e-Castro M. When hormone replacement therapy is not possible. The Management of the Menopause. The Millennium Review, Parthenon 2000:91-102.

A modern gynecologist must ...

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

Monitor

The efficacy of your interventions in regard to the predetermined objectives/targets

Never forget your advise about:

- **Aerobic exercise**
- **Rational nutrition**
- **Reduced smoking**
- **Reduced Alchool consumption**
- **Develop Mental ocupations**
- **Pharmacologic interventions**

Conference on

**Advancing the Health of Women:
Prevention, Practice, and Policy**

**Office of Women's Health CDC, Atlanta, Ga
October 7-9, 2002**

**Menopausal hormonal treatments
are very good.**

but

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

“Since *life itself is a universally fatal sexually transmitted disease*, living it to the full demands a **balance between reasonable and unreasonable risk**”

Skrabank P, McCormick J-*Follies and fallacies in Medicine*. Chippenham. Tarragon Press, 1992