

Doctor!
Estoy en la menopausia ...
qué debo hacer?

III Congreso Ecuatoriano de Climaterio

Menopausia y Osteoporosis

por

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Julho 2003

Machala

A tripod to support good health and longevity

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

Pharmacologic interventions

- **Symptomatic**
- **Preventive**
 - **Primary**
 - **Secondary**

Pharmacologic interventions

- hormonal
- non hormonal

Nurses's Health Study (NEJM, 2000)

from 1980 to 1994 CHD ↓ 31%

↓ Smoking	↓ 13%
↑ Obesity	↑ 8%
↑ THS	↓ 9%
↑ Better nutrition	↓ 16%

Physical Exercise Activities and Risk of Breast Cancer

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

Relative Risk of Breast Cancer and Body Weight

- **Weight (> 60 kg) and Age (>50 years)**
- ***increase the RR between 1.2 and 1.8***

Look for risk factors

Cardiovascular

Cancer

Bone

CNS

COMMENTARY

Breast and pelvic examination in women taking hormone replacement therapy

In March this year the Committee on Safety of Medicines advised that clinical examination of the breasts and pelvic examination is not routinely necessary in all women taking hormone replacement therapy (HRT), but should be performed if clinically indicated¹. This article discusses the background to this issue and the evidence supporting the Committee on Safety of Medicines advice.

In February 1998 a professional letter from the UK Chief Medical and Nursing Officers stated that "there was no evidence to support the efficacy of breast examination by health professionals of the well woman"². A CMO update in May 1998 confirmed that women taking oral contraceptives and HRT were included in the category of 'well women', but acknowledged that the advice given earlier in that year conflicted with the manufacturers' advice regarding breast examination in women taking HRT or oral contraceptives³.

the available evidence regarding the sensitivity (percentage of actual cancers detected) and specificity (percentage of true negative results) of clinical examination of the breast as a screening examination. Reference was made to the studies considered by the Forrest Committee during the 1980s. The Forrest Report, which subsequently formed the basis for establishing the UK national mammography screening programme, concluded "there is no evidence that clinical examination is effective in reducing mortality from breast cancer"⁶. This conclusion was based on the results from the Swedish Two Counties study and the UK Trial of Early Detection of Breast Cancer, based in Edinburgh and Guildford. The overall sensitivity of clinical examination as a screening procedure in the Swedish study was 47%⁶. In the UK Trial of Early Detection of Breast Cancer women aged 45 to 64 were screened by mammography with clinical examina-

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The available evidence therefore suggests that there is little value in clinicians performing routine breast examinations in well women of perimenopausal age as a screening test for breast cancer. The Committee on Safety of Medicines advised that as breast screening by mammography has a higher sensitivity and specificity than clinical examination, women in the UK taking HRT should be encouraged to participate in the national breast cancer screening programme¹. This programme invites all women aged 50–64 for mammography every three years, with women over the age of 64 eligible for free three-yearly screening on request.

While not recommending routine breast examination in all women taking HRT, the CSM advised that women should be examined if it is clinically indicated. It was

in women taking HRT. It was concluded that there is little value in performing pelvic examination as a routine screening procedure for several reasons. A study of over 2600 healthy asymptomatic women (mean age 51) showed bimanual palpation to be of little value¹⁴. There is also evidence which suggests pelvic examination alone has low specificity in the detection of ovarian cancer¹⁵. Regarding cervical cancer, the national cervical screening programme recalls women at least every five years for cervical cytology and there is no evidence to suggest that asymptomatic women require speculum examination more often than this.

As with breast examination, clinical pelvic examination in the asymptomatic women may lead to over-investigation and treatment. For example, diagnosis of uterine fibroids may result in unnecessary investigations, drug treatment or referrals for specialist opinion in some women.

Monitor

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

For how long?

“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

Never forget your advise about:

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

Menopausal Medicine?

Woman's Medicine?

Medicine?

The important issue, after all, is not HRT.

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

Neves-e-Castro M. (2000)