Conclusions of the
3rd International Symposium Menopause 2004, the State of the Art

by

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Porto, October 23, 2004

The conclusions of this 3rd International Symposium of the Portuguese Menopause Society reflect not only what the speakers have said but, may be even more important, *how it applies to clinical practice.*

Many position statements have been issued by National (PMS), Regional (EMAS, NAMS) and International Societies (IMS) all having in common a strong disbelief in the external validity of the epidemiological studies like HERS, WHI, Million Women Study

PMS www.spmenopausa.pt

EMAS www.emasonline.org

NAMS www.menopause.org

IMS www.imsociety.org

We believe that as to CHD, both the primate studies and clinical evidence suggest strongly that HT can be preventive if started very early after the menopause, preferably after a regimen of oral contraceptives given during the perimenopausal years

Clarkson TB. *Fertil Steril* 2004;81:1498-1501
Grodstein F et al. *N Engl J Med* 2000;343:530-537
Stampfer MJ. *NAMS 2004*;PS#2
Victory R et al. *Fertil Steril* 2004;82:O-130

In regard to breast cancer, we may accept in E+P treatments a very slight increase in the number of diagnosed cancers that is *irrelevant in clinical practice in view of how we medicate and follow our patients.*

However, the E only arm of WHI strongly suggests that an estrogen only medication is not only *devoid of risk but may even be protective.*

This is supported by previous investigations of pregnancy following breast cancer or HT in breast cancer survivors.

Gelber s et al. *J Clin Oncol* 2001;19:1671-1675
WHI Group *J Am Med Assoc* 2004;291:1701-1712
O'Meara et al. *J N C I* 2001
DiSaia et al. *Am J Clin Oncol 2000*
Nananda F Col et *al.J Clin Oncol;2001*:19:2357-2363

Recent reports did not find, for continuous combined treatments, any increased risk of either CHD or breast cancer.

The difference from WHI being that women were younger, symptomatic and with lower body weights

Heikkinen J. *NAMS* 2004, Abstract LB38
Lobo R. *Arch Int Med 2004;164:482-484*

We are impressed with reports from Australia that strongly suggest that the addition of testosterone to continuous combined regimens does not show their increased risk of breast cancer compared with controls *(a finding that may favor the use of tibolone).*

Dimitrakakis C et al. *Menopause* 2004;11:531-535

Recent observations also suggest that the addition of Omega 3 fatty acids added to the diet as well as low dose aspirin offer a good protection against breast cancer in women under hormonal treatments

Sadeen P et al. *Obstet Gynecol Survey* 2004;59:722-730

Terry MB et al. *J Am Med Assoc* 2004;291:2433-2440

Ideally,HT should use estradiol
(*preferably by a parenteral route*)
added to natural progesterone
***by the vaginal route*,**
or to a *medicated IUD* (Mirena**)**

The Portuguese Menopause Society, on the basis of this important Symposium and of recent published data, again sees no reason to suggest any major modification in the adopted rules of good clinical practice

We think that the major indication of HT in the menopause is for symptom relief and quality of life.

However, we do not discard the possibility of its primary prevention effect when given soon after the menopause particularly in terms of *CVD, osteoporosis and colon cancer*

We reemphasize the need to implement very important collateral measures, like

- normalization of body weight,

- abstention from tobacco,

- low alcohol consumption,

- exercise,

- Mediterranean diet,

etc .

Obesity and a late first full term pregnancy are, among others, *preventable risks factors for breast* cancer that are more important than HT's in general.

Kuhl H. *J Am Med Assoc* 2004;292:683

In so doing we repeat the *definition* of the safe woman to start HT based on the conclusions of the previously mentioned studies:

The conclusions of these studies suggest that the *"safe " woman* (NNH between 600-1000 women) to initiate HT is

- between 50-59 years of age
- with vasomotor symptoms
- less than 10 years after the menopause
- being treated with statins
- with a good lipid profile and
- with a Body Mass Index >25

Neves-e-Castro M. Human Reproduction 2003;18:2512-2518

This is precisely the profile of the great majority of women who come for consultation after their menopause.

Therefore *it seems that what most gynecologists are doing to their predominant population of patients is not unsafe and contributes not only to a good quality of life but to prevention, as well.*

Neves-e-Castro M. Human Reproduction 2003;18:2512-2518

If there are no incoming contraindications we see no reason to establish a time limit to the duration of therapy, mainly if there is a recovery of symptoms after its discontinuation

Cochrane B, *NAMS 2004*, P53

IMS www.imsociety.org

NAMS www.menopause.org

In conclusion ,and in the light of present evidence,

doctors and women should be reassured that the suggested HT's for the relief of symptoms in the menopause

are safe and very effective