Menopausia: Quo Vadis?

por

Manuel Neves-e-Castro

(Lisboa-Portugal)

Junio, 2004

Lima, Peru
MENOPAUSE CONGRESS

SCIENTIFIC FRUITS

THE MENOPAUSE BASKET
THE MIXER

THE JUICE OF MENOPAUSE
A theatrical presentation...

With the following cast...
The “bad” doctor
Maria
(the menopausal woman)
The “nice” doctor
Therefore

I want you to relax now …
Therefore
I want you now to relax ...

and take it easy!
Everything should be made simple...
Everything should be made simple…

*but not simpler!*

*Albert Einstein*
The Show begins…
What is a menopausal woman?

. she is an individual with a name
. she is a woman in distress caused by symptoms and psycho-sociocultural influences
. she is a woman who is growing in age
. she is a woman who became hypoestrogenic
Where does she go for support?

- no where
- to her family Doctor
- to her Gynecologist
What will they tell her, most probably?

- take it easy, or
- your symptoms will fade away...
- like mother, like daughter...
- don’t take estrogens because they cause breast cancer!
- if you wish you may take estrogens, but only for a very short time!
Why will they give her these answers?

- because they are not up to date …
- because they read the news about HERS and WHI but did not understand them …
- because they were brainwashed by some who want to sell their products saying that they are safer…
What will she conclude?

- that some doctors say *yes*…
- that other doctors say *no*…
- that there are doctors and centers with special interest on women after the menopause
Where will she go afterwards?

• to one of these centers to see one of these doctors
What will the nice doctor tell her?

• that the menopause is not a disease
• that she must understand what is happening to her, with his/her help
• that she will soon feel much better
• and that the menopause is …
THE MENOPAUSE ALARM CLOCK
What will the *nice* doctor tell her?

- that she will be properly studied to assess her health and see if she has risk factors for cancer, CV disease, bone diseases, etc.
- that, if not contraindicated in her case, she will be put on estrogens, for symptoms relief
What will the *nice* doctor tell her?

- that what the other doctors told her about the risks of hormones is totally irrelevant for her individual health (less then 0,1% per year)
What will the nice doctor tell her?

- that, other than that hormonal treatments she must change her lifestyle, choose a proper nutrition, cessate smoking, drink moderately and exercise every day
- that she must look forwards with hope and optimism
How will she feel after this consultation?

• why didn’t the other doctors tell me that they did not know what they were talking about?
• how comes that after what the new doctor told me I could feel already so much better and optimistic about my future?
What is she going to do?

• to do all the tests the doctor recommended
• to show him the results, to see if she can start the treatment
• to follow his recommendations about nutrition, exercise, lifestyle, etc
• to start the treatment as soon as possible
• to ask the doctor when she should come back
What will she feel after the next consultation, already on treatment?

M - **oh doctor you are wonderful! I feel safer, much better now, thanks to you!**

M - **I am going to tell all my friends to come and see you because they are still feeling miserable in the hands of those doctors who don’t study us...**
What will the *nice* doctor answer?

D - I am so glad to have been of help for you …

D - Don’t tell your friends that I’m the only one. There are fortunately many others like me. It is only a question to look for them. That is all!
Oh doctor!
Why are you so much better than the others?
What will the *nice* doctor answer?

Well, why do you say that I’m better than others? May be…

- *because I keep studying all the time, critically reading medical journals and navigating in the internet*
- *because I am a member of my National Menopause Society where I exchange ideas with colleagues and learn with each other’s experiences*
What will the *nice* doctor answer?

May be…

*because I do not consider myself as a specialist of the menopause. I am simply a normal human being who loves to help people and who wants first to see his clients, not as patients, but as people, with feelings, problems, needing to share them with me.*
M - Doctor, I presume that you have often written in medical journals and given lectures to your colleagues. Do me a favour... Tell me what, in summary, you tell them, please...
Then, OK! Here I go...

A woman who has passed the menopause is not a case among those reported in the epidemiological studies. She is one person, only. She is a woman who has grown in age (and wisdom, too!).

And I also like to talk about the last clinical trials, HERS, WHI and MWS...
Epidemiological studies

- How were they *performed*?
- What *similarities* do they have with our clinical practice?
- How to *interpret* them?
Epidemiological studies

PLEASE!
Do not read only the titles…
Do not read only the abstracts…
Do read the full paper!
Be critical!
Make up your own mind!

MNC
Do not confuse...

Relative Risk

with

Absolute Risk
Do not confuse…

Morbidity

with

Mortality
First, and most important of all, these studies are clinical trials. As such they must follow a very strict protocol. This means that no matter how old or young a woman is she must be treated with exactly the same dose of hormones. Therefore, there is no similarity with our norms of good clinical practice.
Second, those women with symptoms, that we see in the early postmenopause, were excluded from those studies! Therefore, the population studied was not similar to the one we see.

In addition, these studies were of secondary and primary prevention of heart diseases, only and did not study but hormones, and only of one type.
Third, the increased risks referred to were relative risks, not absolute risks. For instance, the 28% increase in relative risk for breast cancer is equivalent to less than 0.1% per year for a woman. This is definitely less than the risk of a delayed menopause after age 50 of a first full term pregnancy after age 35, and of obesity, much more important!
# BREAST CANCER

**Risk factor** | **Relative risk** | **Increased incidence**
---|---|---
Body weight-normal weight : obesity | 1 : 2.5 | + 150%  
Age at menopause - 42yrs : 52 yrs | 1 : 2.0 | + 100%  
Age at menarche – 14 yrs: 11 yrs | 1 : 1.3 | + 30%  
Parity – multiparous : nulliparous | 1 : 1.3 | + 30%  
Age at first birth – 20 yrs : 35 yrs | 1 : 1.4 | + 40%  
Oral contraceptives – never user:ever user | 1 : 1.1 | + 10%  
**Hormone replacement-never:5 or more yrs** | **1 : 1.3** | **+ 30%** 
Alcohol consumption-none:≥20 g daily | 1 : 1.3 | + 30%  
Serum lipids – normal : raised | 1 : 1.6 | + 60%  
Physical activity – activate : inactive | 1 : 1.2 | + 20%  

*R. Santen, 2004*
Fourth, the investigators themselves have repeatedly stated that these risks do not apply to the individual woman and that they should not be alarmed. The potential risk applies only to large populations and may be only a matter of concern for Public Health.
“THE WHI study authors took pains to emphasize that women should not be unduly alarmed. The increased risks in WHI applied to an entire population of women, not to increased risks for individual women – which were very small, less than a tenth of 1 percent per year”.

(The American College of Obstetricians and Gynecologists, special Task Force on Hormone Replacement Therapy, July 2002).
If 1,000 women were treated during one year there would be less than one woman with an adverse effect!
Fifth, because nobody in these studies (HERS and WHI) has shown that estrogens are causally related to breast cancer and cardiovascular diseases. The estrogen only arm of the WHI has finished and concluded that, if anything, estrogens might protect against breast cancer!
“The nurse’s study and ones like it could be right and the Women’s Health Initiative could be wrong, or vice-versa”

Rossouw J, 2003
“If each is right it may be because the women in the two types of studies are different in a way that researchers have not yet figured out”.

Rossouw J, 2003
"May be each study is wrong. May be estrogen, in pills, is not the chemical to focus on”

Rossouw J, 2003
The steroid that seems to be causing problems is the progestagen not the estrogen. I have never heard any concerns, neither from doctors or the media, about the progestagens!... One is all the time confusing progestagens with estrogens, and this is definitely wrong, at least for the moment being.
“It is quite possible that both are correct. The different results may hinge on the differences between the women who joined the studies”

Grodstein F, 2003
Then, why all this noise?

• Mainly because the conclusions of these trials were severely misinterpreted by the medical profession, the media and by the women, themselves
Effects of conjugated Equine Estrogen in Postmenopausal Women with Hysterectomy. JAMA, 2004;291:1701-1712
HRT cancer fears eased for thousands

- Benefits outweigh risks for most women, says professor

By Mark Henderson in Seattle, Lewis Smith and Oliver Wright

- 1.7 million women in the UK use HRT
- HRT prescriptions

risk of hip fracture, or five fewer cases. Dr Johnson said: “One of the groups that has abandoned it are the women who have hot flushes for
Now women on HRT are warned they face higher risk of stroke

By Jenny Hope
Medical Correspondent

HUNDREDS of thousands of women using HRT were dealt another blow yesterday when surgically removed can take oestrogen-only HRT. Around 60,000 hysterectomies are performed in Britain each year.

Like many women who have taken oestrogen-only HRT, 63-year-old Elizabeth Christie has been alarmed by the health risks.
“There are no really “safe” biologically active drugs.

There are only “safe” physicians”

Kaminetzy, 1993
Nurses’s Health Study

from 1980 to 1994 CHD ↓ 31%

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

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

Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women

Expert Panel/Writing Group*
Lori Mosca, MD, PhD (Chair)†; Lawrence J. Appel, MD†; Emelia J. Benjamin, MD†; Kathy Berra,MSN, ANP†§; Nisha Chandra-Strobos, MD†; Rosalind P. Fabunmi, PhD†; Deborah Grady, MD, MPH†; Constance K. Haan, MD‖; Sharrone N. Hayes, MD†; Debra R. Judelson, MD‡; Nora L. Keenan, PhD††; Patrick McBride, MD, MPH†; Suzanne Oparil, MD†; Pamela Ouyang, MD†; Mehmet C. Oz, MD†; Michael E. Mendelsohn, MD†; Richard C. Pasternak, MD†; Vivian W. Pinn, MD§§; Rose Marie Robertson, MD†; Karin Schenck-Gustafsson, MD, PhD†; Cathy A. Sila, MD†; Sidney C. Smith, Jr, MD‖; George Sopko, MD, MPH‖; Anne L. Taylor, MD***; Brian W. Walsh, MD‖; Nanette K. Wenger, MD†; Christine L. Williams, MD, MPH†
Lifestyle targets for all patients

BMJ 2002;320:705-708

• Stop smoking
• Make healthier food choices
• Aerobic exercise
• Moderate alcohol consumption
Menopausal hormonal treatments are very good.  

but…

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

MNC/02
“Every discussion about Menopause (the Queen…) seems to implicate that there is nothing but HRT!”

“The Queen ...is naked!”

MENOPAUSE!
QUO
VA DIS?
MY NAME IS MARY, NOT MENOPAUSE!
THE QUEEN IS NAKED!

ERT

EXERCISE

SERM's

β-BLOCKERS

NUTRITION

BMI

ACEi's

BISPHOSPHONATES

FUTURE

STATINS

QUEEN MENOPAUSE

HRT

Neves-e-Castro M-T

the Queen is naked-Maturitas 2001;38:235-7
If you are a scientist…

you must be uncertain…

A scientist who no longer asks questions is a bad scientist…

Pickering, 1964
but ...
If you are a clinician...

you must believe that you know what will help your patient, otherwise ...

you cannot counsel...

you cannot prescribe...

Pickering, 1964
Some concepts to remember ...
HRT
Hormone replacement therapy?

or

MHT
Menopausal hormonal therapy?
The main goal is women’s health and not hormonal therapies.
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.

It is of paramount important to call the attention of gynaecologists that they must be, above all, physicians with a good knowledge of internal medicine.
The take-home message is

- Prescribe postmenopausal hormonal treatments
- when clinically indicated,
- if not contraindicated!
The take-home message is

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

MNC/02
The take-home message is

No answers from ongoing clinical trials are indispensable to practice today a good Medicine

MNC/02
“Science is an art of probability”.

“Medicine is an art of uncertainty”.

Sir William Olser
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...

M.Neves-e-Castro
Primum non nocere:
neither by excess, 
nor by deffect ... 

M. Neves-e-Castro
we must learn...

how to practice a

GOOD MEDICINE!

Manuel Neves-e-Castro
D-Well that is, in summary, what I usually tell my clients and colleagues. I say “clients” and not “patients” because I hope they will never become patients under my care...
M - Thank you so much, dear Doctor, and my friend too, after all...
By the way, I forgot to tell you how grateful to you is my husband, too…

we are in our second honey moon, thanks to you!
On behalf of the cast

I thank you for your attention
Menopause!
Quo vadis?
A Show Produced and Directed
by
Manuel Neves-e-Castro
Lisbon – Portugal