Coloquio
Tratamiento de la mujer Climatérica menor de 60 años

por

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First things First!

1. Assess symptoms, signs and risk factors
2. Define objectives
3. Discuss strategies with the patient
4. Let her decide !...

MNC

A menopausal/climacteric woman is a middle-aged woman.

MNC

As a menopausal woman:

She is hypoestrogenic and will suffer, at various levels, from its consequences.

MNC

As a middle-aged woman:

She will suffer from the process of natural aging, both from a biological and a psychological perspective.

MNC

Symptoms of the pre and postmenopause

- **hormone** related
- **age** related

MNC

Risk factors after menopause

Related to:

- **hormones**
- **age**
- **life style**
- **nutrition**
- **exercise**

Diseases with higher incidence after menopause

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

Cancer, Body Weight and Risks

For Breast Cancer

- **BMI < 25 (under HT) or BMI > 25**
- **Weight (> 60 kg) and Age (> 50 years)**

For CVD

- **Ratio girdle/hip > 0.8**

Risks for Breast Cancer

- Family history
- Early menarche
- Late menopause
- Nuliparity
- First child after age 35
- Alcohol abuse
- Lack of exercise
- Diet poor in fruits and vegetables

Risks for CVD

- High BP
- High total cholesterol
- High LDL
- Low HDL
- High trygliceridеs
- C reactive protein +

Clinical Trials

None (HERS, WHI) addressed the treatment of early postmenopausal women.

R.Lobo – 2 large clinical trials (no early CVD risk)

Evaluation of Cardiovascular Event rates with Hormone Therapy in Healthy, Early Postmenopausal Women

"Our data of no observed events in the 2 clinical trials suggests that there is no increased risk of CHD in this younger, healthy population of symptomatic women".

Lobo R. Arch Intern Med 2004;164: 482-4

Observational Studies

- **Nurse's Health Study**

- **Million Women Study: a very bad study with one million errors… conclusions very very questionable…**

The Nurse's Health Study investigation of primary prevention indicates that "hormone therapy may be associated with coronary benefits".

Grodstein F, Manson JE, Colditz GA, et al. Ann Intern Med 2000;133:933-41

Tests

Initial and Periodical

Blood Chemistry

- Blood pressure
- Blood lipids
- C-Reactive Protein
- Liver function
- Insulin/glucose (fasting)
- etc

Physical and Imageing

- BMI (% fat)
- Girdle/Hip
- Stools (occult blood)
- Pap Smear
- Mammography
- DPX ??
- U.S. endovaginal?

Life Style

- Nutrition
- Exercise
- Tobacco
- Alcohol
- Libido

Hormonal Treatments

- **Progesterone** ***(micronized)***
  100 mg bid x 12 days **OR:**
- **Estradiol** ***25-50µg (twice weekly)***
  (transdermal) or
- **Estradiol** ***1-2 mg/day (oral)***

  +

- **Progesterone** ***(micronized) 100 mg/d if CC*** or
- **Progesterone** ***(micronized) 100 mg bid x 12 days if sequential***

deg487

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DEBATE—continued

Menopause in crisis post-Women's Health Initiative? A view based on personal clinical experience

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Menopausal women should not consider that hormonal treatment is an obligatory long-term commitment. Estrogen-based treatments are extremely effective for vasomotor symptom relief and for vaginal atrophy. HRT also is one of several effective methods for the primary prevention of osteoporosis. If trials were done early after the menopause when the endothelium is likely still to be intact, estrogen-based treatment might be shown to prevent coronary heart disease. However, greater efficacy is to be expected from smoking cessation, proper nutrition, exer-

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. Menopause in crisis post-Women's Health Initiative? A view based on personal clinical experience. *Human Reproduction 2003;18:1-7*

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*. Menopause in crisis post-Women's Health Initiative? A view based on personal clinical experience. *Human Reproduction 2003;18:1-7

“There are no really “safe” biological active drugs.

There are only “safe” physicians”

Kaminetzy HA 1993

The support of good health and longevity

- Aerobic exercise
- Rational nutrition
- Reduced smoking
- Reduced alcohol consumption
- Mental ocupation
- Pharmacologic interventions

Nurses's Health Study
(NEJM, 2000)

from 1980 to 1994 CHD ↓ 31%

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

Strategies

- change life style
- proper nutrition
- exercise
- pharmacologic interventions
  - *. hormonal*
  - *. non hormonal*

Reducing Risks to Health

the subject of the

WHO World Health Report 2002

Leading 10 selected risk factors as percentage causes of disease burden measured in DALYs

Developed countries	
Tobacco	12.2%
Blood pressure	10.9%
Alcohol	9.2%
Cholesterol	7.6%
Overweight	7.4%
Low fruit and vegetable intake	3.9%
Physical inactivity	3.3%
Illicit drugs	1.8%
Unsafe sex	0.8%
Iron deficiency	0.7%

WHO.The World Health Report 2002

Both walking and vigorous exercise are associated with substancial reductions in the incidence of cardiovascular events among postmenopausal women.

Manson JE et al.Walking Compared with Vigorous Exercise for the Prevention of Cardiovascular Events in Women. NEJM 2002;347(10):716-725.

- ***Increased physical activity*** **significantly reduces serum estrogens in postmenopausal women and thus *may reduce the risk of breast cancer***

Cancer Res 2004; 64:2923-2928

Non Hormonal Treatments

- **Statins**
  - *CVD*
- **Aspirin**
  - *colon cancer*
  - *breast cancer*
- **Vitamine D**
  - *colon cancer*
  - *bone*
- **Calcium**
  - *bone*

"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

Aspirin and Breast Cancer

"Women who took aspirin seven or more times a week had a 26 percent lower risk of developing breast cancer than women who did not take it".

Terry MB et al. JAMA 2004;291:2433-2440

Aspirin and Colorectal Cancer

reduced risk of **colorectal adenomas among regular *aspirin users*, particularly those taking the highest doses.**

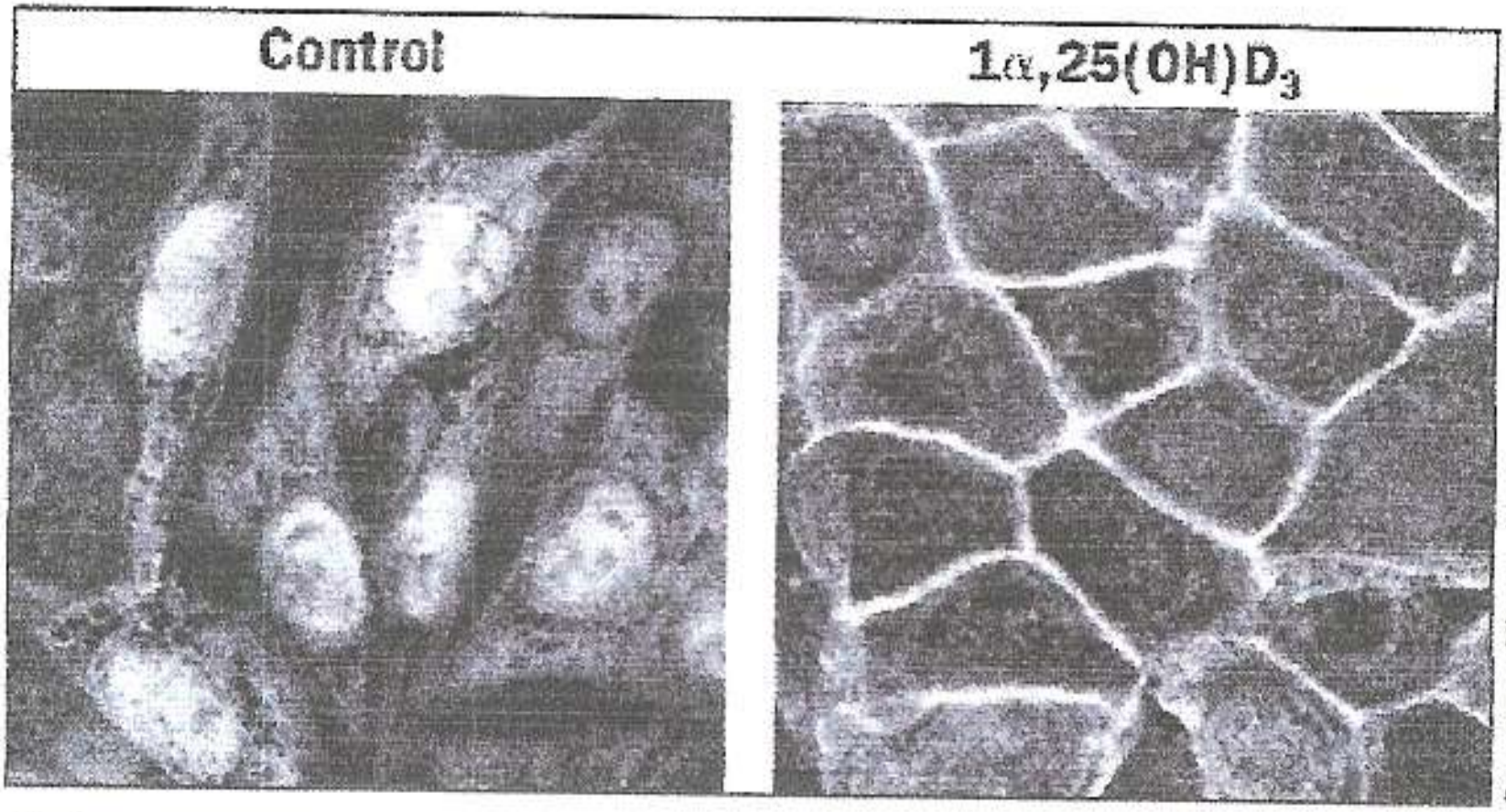
NHS - Chan AT, et al. Ann Intern Med 2004;140:157-166

Vitamin D derivatives convert colon cancer cells

Alberto Muñoz et al.

Spanish Society for Biochemistry and Molecular Biology (Valencia, 18-19 September 2001)

Lancet Oncology,2:593(October 2001)



Colon cancer cells before and after 48 hours with 1,α 25 dihydroxyvitamin D

Never forget your advise about:

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

“All medical interventions should be individualised to the specific woman’s age, characteristics and needs”.

Genazzani AR, Gambacciani M. IMS Expert Workshop, Climacteric 2000;3:233-240

Monitor

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

Attention!

Please remember:

our main target is mature woman's health and disease prevention *by all means*, drug and non-drug related.