



Guest editorial

Menopause 2005: Transatlantic confrontation of opinions

There is no doubt that nowadays the menopause is in crisis [1]. The misinterpretation of the results of recent epidemiological studies (HERS, WHI, MWS) by the media and by a great majority of the medical profession has casted many doubts about the validity of hormonal treatments during the menopausal transition and beyond. This has alarmed many women who decided, in panic, to stop these treatments and switch to many so-called unproven “natural” products for the relief of their symptoms.

There are differences in opinion between North American and European physicians, either because there is a poor understanding of epidemiology or because there have not been enough good opportunities for their confrontation.

This 3rd International Symposium of the Portuguese Menopause Society (PMS) was derived from a dream [2]. We are very grateful, on behalf of menopausal women from all over the world, that both those who were in the origin of the above-mentioned studies and those who expressed concerns about their results have accepted this Transatlantic confrontation of opinions in an effort to come closer to the truth [3]. This approach seemed to be extremely valid. The participants and those who attended or read the following texts must keep in mind that the individual woman’s health, rather than public health concerns, is of paramount importance for the elucidation of mid-aged woman and for the practice of good clinical medicine. There are no safe drugs, only safe physicians [4]. Let us hope that the dream may come through.

For women who have premature ovarian failure or bilateral oophorectomy at a young age there is no practical alternative to hormone therapy, and it is very difficult to extrapolate the data from the trials to this group of women.

With regard to coronary heart disease, both the primate studies [5] and the clinical evidence [6] suggest strongly that HT can be preventive if started very early after the menopause, during a “window of opportunity”, preferably after a regimen of oral contraceptives given during the perimenopausal years [7]. However, definitive proof of this presumption is still lacking.

With regard to breast cancer, we accept that E + P treatments may lead to a very minute increase in the number of diagnosed cancers that does not influence mortality in women who are under close monitoring and are usually cured of their disease when diagnosed early. However, the E only arm of WHI [8] 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 [9,10].

Other reports which did not find with continuous combined treatments any increased risk of either CHD or breast cancer were different from WHI in that they studied women who were younger, symptomatic and had lower body weight [11,12].

WHI confirmed the fracture reduction at both spine and hip. No other intervention has been shown to be so cost effective in reducing hip and spine fractures.

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.

Family history of breast cancer is not a contraindication for HRT. A late first full term pregnancy and obesity are, among others, preventable risks factors for breast cancer that are more important than HT in general.

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.

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. In the light of present evidence, doctors and women should be reassured that HT for the relief of symptoms in the menopause is safe and very effective.

References

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Manuel Neves-e-Castro*
Mário de Sousa
Ave. ant. Aug. Aguiar 24-2D
1050-016 Lisboa, Portugal

* Corresponding author. Tel.: +351 21 3554716
fax: +351 21 3554716
E-mail address: manuel@neves-e-castro.org
(M. Neves-e-Castro)