Gynaecol Perinatol 2005; 14 (Suppl. 1.): 31-31

MODERN CONCEPTS OF MANAGING WOMEN IN PERIMENOPAUSE AND POSTMENOPAUSAL PERIOD

Manuel Neves-e-Castro

Abstract

When women approach the age of 50 years they enter in a transition from the reproductive to the non-reproductive years. The endocrine and exocrine functions of the ovaries are affected by this period, characterized by menstrual irregularities leading to amenorrhea and by dysovulations and anovulation.

During this transition it is important (a) to prevent the effect of a relative or absolute hyperestrogenism at the endometrium and breast levels and (b) to offer good contraception. Low dose oral contraceptives are indicated .Recent studies indicate that they can also initiate a primary prevention of cardiovascular diseases in addition to protecting from ovarian and breast cancer. This treatment may go on until age 50 when it should be suspended in order to determine if elevated levels of FSH are already suggestive of ovarian failure. If so, and in order to relief vasomotor symptoms, one should start a hormonal treatment with estrogens plus progesterone, preferably by a transdermal route, in a sequential regimen. Micronized progesterone can be administered by the vaginal or oral route. This treatment, when there no contraindications, can be given for long periods provided it is regularly monitored and if the lower effective doses are selected.

The advantage of an early initiation of hormonal treatments (OC's and E+P) as of the last premenopausal years is to protect noble targets before they are damaged (vascular endothelium, neurons, osteoblasts).It was clearly demonstrated, both in animal models and in human studies, that this is true and that the alarming results of WHI, HERS, Million Women Study, and others, do not apply to this much younger group of women. In those studies women were much older, more that 10 years after menopause, meaning that the above mentioned noble targets had already been damaged!

Although hormonal treatments are very useful for symptom relief and prevention of diseases they are not indispensable. Nevertheless women who cannot use or do nor want to use them can still be protected and enjoy a good quality of life.Wether or not hormonal treatments are used it is essential that all women (a) practice exercise (preventing CVD, breast cancer and osteoporosis), (b) eat good food, like the Mediterranean or the Polymeal diets (preventing CVD, decreasing mortality) and (c) take regularly several medicines ,like the "Polypill", since it is proven that statins are the first choice for dislipidemias and prevention of atherosclerosis other than preventing also breast cancer, that aspirin offers protection for CVD in addition to preventing breast and colon cancer.

Prior to initiating any treatment it is essential that doctors clearly explain the benefits and the risks (in absolute terms!) so that, ultimately, *a properly informed woman may decide what she wants to do.* The objectives of treatments must be clearly defined and reevaluated at yearly intervals.

Let it not be forgotten that he who takes care if this group of women is seen by them ,not only as her gynecologist or endocrinologist, but mostly as her family doctor who is responsible for her health and quality of life. Thus, *doctors must update themselves in these new areas that were not in the past their responsibility. They are nowadays the doctors of women!*

Address for correspodence: Prof. Dr. Manuel Neves-e-Castro, Clinica de feninologia holistica, Avenia Antonio Augusto de Aquilar 24, 1050-016 Lisbon, Portugal