

Menopause Management

The pendulum is swinging back to hormone replacement

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“I always said I’d never take hormones,” says a 49-year-old teacher from Hamilton, Ont. But after suffering for months with hourly hot flashes, drenching night sweats and waves of anxiety—not to mention trying several herbal preparations with no success—she reluctantly started on hormone therapy last spring. Within weeks, her quality of life returned. “But I’m still concerned about the safety issues,” she says.

She’s not alone. Many women swore off hormone replacement therapy (HRT) following the scare generated by the Women’s Health Initiative (WHI) study in 2002. Its preliminary findings showed that during one year, for every 10,000 women taking combination estrogen-progestin, seven more would have heart attacks (37 women on estrogen-progestin versus 30 women taking a placebo, an inactive dummy pill). Eight more would have strokes, eight more would develop breast cancer, and an additional 18 would suffer blood clots.

But since then, careful scrutiny of the study is putting hormone therapy in a more positive light. “The pendulum is swinging back,” says Dr. Jennifer Blake, chief of obstetrics and gynecology at Women’s College Hospital and Sunnybrook Health Sciences Centre in Toronto. She is also editor of the 2006 *Menopause Consensus Report* from the Society of Obstetricians and Gynaecologists of Canada (SOGC), for which an interdisciplinary cross-country panel of

medical experts reviewed all the research. The panel’s conclusion? HRT is a safe and effective option for up to five years for moderate to severe menopausal symptoms, including hot flashes, night sweats, sleep disturbances, vaginal atrophy and mood changes. What’s more, with careful monitoring, HRT may be safely used by women at higher risk of breast cancer.

Blake notes that by extrapolating the results of the WHI study, in which women were older (average age 63), to younger women in the perimenopausal and early menopausal years, researchers may have overstated the risks of hormone therapy and scared both women and their doctors. “The WHI investigators were primarily looking at HRT to see whether it prevented heart disease. They were not looking at HRT for what most women use it for—managing the symptoms of menopause.”

And for women in their 60s and 70s, HRT indeed proved ineffective in preventing heart attacks. But as Blake points out, many of these older participants had other cardiac risk factors, such as obesity, smoking and inactivity. A surprising finding that was not well reported, however, was that for younger women in their 50s hormone therapy may actually have a protective cardiac effect—perhaps because of improved cholesterol levels.

As for breast cancer, the WHI figures show that there is an increased risk from combination hormone therapy, but it is small: 38 in 10,000 for those on HRT

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versus 30 in 10,000 on no HRT. And, according to the SOGC's analysis, among 1,000 post-menopausal women not on combination estrogen-progestin, there is a baseline risk that 45 might get breast cancer. If all were on HRT for five years, two additional cases would be expected, for a total of 47. After 10 years on hormones, the total would reach 51.

Last year, U.S. researchers reported that in 2003, the year after many women abandoned HRT, breast cancer incidence fell notably. The steepest decline (12%) was in estrogen-dependent breast cancer in women aged 50 to 69, suggesting that HRT is indeed a contributing factor. But it's essential to look at other known risks. Even without hormone therapy, a significant increase in body mass index would raise the total risk of breast cancer cases in this sample to 59; lack of regular exercise or two alcoholic drinks a day would each bring the total to 72, and gaining at least 44 pounds (20 kilograms) after menopause would make expected cases soar to 90.

"The WHI study has been reanalyzed to look at different age groups, and while family doctors may still feel uncomfortable putting a woman on hormone therapy, specialists have been prescribing it again for symptomatic women," says Dr. Caroline Huh, a gynecologist at Toronto's Menopause Health Clinic.

The SOGC now recommends that hormone therapy be prescribed at the lowest effective dose for just a few years. The therapy may be taken long term if a woman decides that the benefits outweigh the risks.

And newer types of hormones are now available, such as bio-identical estrogen and progesterone, which are chemically identical to the body's own hormones. It's debatable whether these hormones, while derived from plant sources such as soy and wild yam, are any more or less "natural" than the traditional equine hormones derived from pregnant mares' urine; they are all still manipulated in a lab. They have to be: for instance, wild yam on its own, although a common ingredient in many over-the-counter herbal preparations for menopause, does not affect the body's hormone levels at all, Huh says. While more doctors are prescribing bio-identical hormones, there are no long-term studies

showing they are better or safer than traditional ones.

Researchers are increasingly interested in transdermal forms of delivery, such as estrogen patches and gels, progesterone creams and vaginal administration. Transdermal therapy has shown benefits over oral estrogen because it skips the initial pass on the liver, thereby reducing the potentially harmful cardiac effects of HRT. Studies are trying to determine whether HRT given through the skin has the same beneficial effects on symptoms as oral hormones.

In Canada, a prescription is required for topical hormonal preparations. But in the U.S., progesterone creams are freely available in health food stores, and many have been shown to contain very little progesterone. And while many women consider progesterone to be the "safe" hormone, Huh says, "we don't have any data to say that progesterone is safer either by itself or with estrogen. So we should carefully monitor progesterone exposure as well."

Around menopause, vaginal dryness can make intercourse painful, and urinary tract infections may increase because of shrinking urethral tissue and changes in the bacterial milieu of the urethra and bladder. Vaginal estrogen creams, tablets and rings are very effective for these problems. While therapy with the predominantly male hormone testosterone (women make some, too) continues to be studied, Health Canada has not approved any regimens for women.

Another spinoff of the WHI study has been the huge surge of interest in non-hormonal treatments, both pharmaceutical and herbal. Selective estrogen receptor modulators (SERMs) such as raloxifene (Evista) have estrogen-like benefits for bones but do nothing for hot flashes. In fact, they often increase them. Other non-hormonal medications that may help with hot flashes and night sweats include newer antidepressants of the selective serotonin reuptake inhibitor (SSRI) type, as well as older drugs such as the barbiturate phenobarbital, the anticonvulsant gabapentin and the antihypertensive clonidine. Their side effects, however, may outweigh their benefits as menopausal treatments.

There's also a huge industry in herbal remedies,

including black cohosh. "Within a week of starting black cohosh, I noticed that my hot flashes began gradually to diminish," says a 50-year-old social worker, who was having up to 25 hot flashes a day. "When they disappeared, after about five weeks, I stopped taking the black cohosh and I haven't had a hot flash since."

It is not known how this herb works to allay symptoms. A 2006 German study pronounced black cohosh as effective for reducing menopausal symptoms as conjugated equine estrogens, but a Mayo Clinic and Mayo Foundation study in the same year reported that slightly more women found placebo better than black cohosh. Last year, Health Canada issued an advisory about a possible link between this herb and liver damage but added that damage is rare. So the jury is still out.

Neutral or disappointing results have come from studies on red clover, soy, flaxseed oil, dong quai, evening primrose oil, vitamin E, vitamin B complex and ginseng as menopausal remedies.

Still, Vera Vlaovich, 51, a Vancouver financial planner, is thrilled with herbal preparations. Her mother's numerous problems following years of hormone therapy steered Vlaovich toward non-drug therapies, and among the products she swears by are omega-3 fish oils and blackcurrant seed oil. "I was having very bad hot flashes and night sweats all night long, and my moods were extreme," she says. "Now I feel things have come back into balance in my body."

Since some herbs, such as dong quai, may interfere with the blood's clotting ability, patients need to inform their doctors of every supplement they are taking.

Dr. Tasnim Adaty, a naturopathic physician in Vancouver who most often prescribes natural progesterone creams, says that while botanicals have their place, women with debilitating symptoms have the option of taking bio-identical HRT. "I'm not against hormone use. I'm pro quality of life," Adaty says.

Regardless of whether a woman chooses herbs, hormones or neither, a healthy lifestyle is always beneficial, she adds. That includes a balanced diet, a healthy weight, no smoking and daily physical activity.

With so much research in the works, chances are by the time today's teenage girls reach menopause, there will be finely tuned medications to manage bothersome symptoms. SERMs may mimic estrogen in tissues where it is beneficial, such as those of the brain and vagina, while blocking it in places it's not, such as the breasts and uterus. Perhaps designer transdermal hormones will be available, customized to each woman's needs. Until then, Adaty says, "The most important tool is self-knowledge. At the end of the day, only you are going to know what works for you."

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