

Postmenopausal Hormone Replacement Therapy - A Boon or Bane ?

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Menopause is a natural event most women experience as they enter their fifth decade and which results in mood swings to hot flashes to sleepless nights. It is a confusing minefield of information and misinformation whether to use or not to use postmenopausal hormone replacement therapy to treat these symptoms. This article analyzes the risks and benefits involved in Hormone Replacement Therapy (HRT) and certain related facts.

Almost all women at some point in their lives go through menopause. Menopause is something, which gains less importance though it is a word laden with emotion, stigma and dread and is a natural part of every woman's life.

Owing to menopause, women as they age, face problems ranging from mood swings to hot flashes to sleepless nights. In order to cope with the increasing life expectancy women often struggle to overcome the effects of natural hormone decline using synthetic hormonal replacement.

A cloud of controversy has surrounded the post hormonal replacement therapy

over the past few years, choosing whether or not to use the HRT. However, until recently, the picture of those risks and benefits has been unclear.

Menopause

Menopause literally means the physiological cessation of menstrual cycles, from the Greek roots 'meno' (month) and 'pausis' (a pause, a cessation). After menopause, the ovaries stop making the hormones estrogen and progesterone. For some women, the decrease in hormone levels causes hot flashes and other uncomfortable symptoms. Natural menopause usually happens sometime between the ages of 45 and 54. Menopause happens following hysterectomy.

Post Menopausal Symptoms

The most common symptoms are:

- ♦ Hot flashes or flushes.
- ♦ Night sweats.
- ♦ Changes in the vaginal and urinary tracts, causing dyspareunia and urinary infections.
- ♦ Mood swings.
- ♦ Insomnia.
- ♦ Memory problems.
- ♦ Increased risk for cardiovascular disease & osteoporosis.

Hormone Replacement Therapy

Dosage:

Postmenopausal hormone

therapy consists of estrogen with or without progesterone.

- ♦ Conjugate equine oestron (premarin) at a dose of 0.625 mg/day, micronised oestradiol 1 mg/day or 17-beta oestradiol 50 microgram.
- ♦ C-21 derivatives like medroxyprogesterone acetate (MPA) 2.5 mg, 5 mg or 10 mg/day.
- ♦ Dydrogesterone 10 mg/day
- ♦ C-19 nortestosterone derivatives like norethindrone acetate 1 mg/day are commonly used.
- ♦ Continuous combined preparations (daily estrogen + Progestin) are suitable for those menopausal women who do not accept bleeding.

Schedules:

Cyclic or Sequential:

- ♦ Estrogen every day.
- ♦ Progesterone or progestin added for 10-14 days out of every 4 weeks.

Continuous-combined

- ♦ Estrogen and progesterone daily without a break.

Routes:

Estrogen Products:

- ♦ Oral tablets
- ♦ Vaginal cream
- ♦ Vaginal tablets
- ♦ Vaginal ring
- ♦ Skin patch

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- ♦ Skin gel
- ♦ Skin cream

Progestin products

- ♦ Oral
- ♦ Vaginal gel
- ♦ Intra-uterine device

Estrogen plus progestin products

- ♦ Skin patch

Indications of HRT:

- ♦ Post menopausal symptoms.
- ♦ Prevention and treatment of osteoporosis
- ♦ Prevention of cardiovascular disease.
- ♦ Abnormal lipid profile.
- ♦ Urinary incontinence.

Contra indications:

Absolute:

- ♦ Bleeding per vagina
- ♦ Liver disease
- ♦ Bleeding disorder
- ♦ Endometrial cancer
- ♦ Breast cancer

Relative:

- ♦ Symptomatic fibroid/endometriosis
- ♦ Past history of breast cancer
- ♦ Varicose veins
- ♦ Migraine / Seizure
- ♦ Active intermittent Porphyria
- ♦ Otosclerosis
- ♦ Family history of breast/ endometrial cancer

Side effects:

- ♦ Bleeding
- ♦ Bloating
- ♦ Breast tenderness or enlargement
- ♦ Headaches
- ♦ Mood changes
- ♦ Nausea

Adverse reactions:

Oestrogen only products

- ♦ Leg cramps
- ♦ Breast tenderness
- ♦ Fluid retention
- ♦ Nausea
- ♦ Vaginal discharge

Progestin only

- ♦ Bloating
- ♦ Breast heaviness
- ♦ Greasy skin
- ♦ Depression
- ♦ Irritability

The decision to take post menopausal Hormone Replacement Therapy depends on each woman's personal preferences and risks.

Oestrogen + progestin

- ♦ Heavy cyclical bleeding
- ♦ Breast through spotting

Alternative and Preventive Measures to Relieve Post Menopausal Symptoms

Hot flashes:

- ♦ Life style changes - dressing neatly, sleeping in a cool room, reducing stress, avoiding spicy foods and caffeine, deep breathing exercises, meditation and other relaxation methods.
- ♦ Phytoestrogens - Soya beans and some soya-based foods contain phytoestrogens, which are estrogen-like compounds. Other plant sources include chickpeas, wild yam, red cloves and valerian root. Studies on soya are on.

Reports obtained so far suggest beneficial effects on lipid parameter and improvement of vasomotor pump.

Vaginal dryness:

- ♦ Use of vaginal lubricants and moisturizers.
- ♦ Use of products that release estrogen locally such as vaginal creams, vaginal suppository, a plastic ring called an Estring.

Mood swings:

- ♦ Life style behaviour including adequate sleep and being physical active.
- ♦ Relaxation exercises.
- ♦ Antidepressant or anti-anxiety drugs.

Insomnia:

- ♦ Sleeping pills.
- ♦ Consuming a glass of warm milk at bedtime.
- ♦ Hot shower or bath immediately before going to bed.

Memory problems:

- ♦ Mental exercises.
- ♦ Lifestyle behaviour - improve sleep and physical exercises.

Prevention of osteoporosis:

- ♦ Phytoestrogens
- ♦ Biphosphonates actonel.

Prevention of heart disease:

- ♦ Life style modifications
- ♦ Healthy eating plans (low fat, low salt, rich in fruits and vegetables).
- ♦ Maintaining a healthy weight.
- ♦ Physically active.
- ♦ Controlling high blood pressure, cholesterol

and diabetes.

Findings Related to HRT

Early studies seemed to support HRT's ability to protect women against the diseases after menopause. Two important clinical trials were "Postmenopausal Estrogen/ Progestin Interventions Trial" (PEPI) and the "Heart and Estrogen/ Progestin Replacement Study" (HERS). PEPI looked at the effect of estrogen-alone and combination therapies on key heart disease risk factors and bone mass.

HERS tested whether estrogen plus progestin would prevent a second heart attack or other coronary event. It found no reduction in risk from such hormone therapy over four years. In fact, the therapy increased women's risk for a heart attack during the first year of hormone use. The risk declined thereafter. HERS also found that the therapy caused an increase in blood clots in the legs and lungs.

A recent study showed that postmenopausal hormone therapy also reduces colorectal cancer and osteoporosis but increases heart attack, stroke and breast cancer.

Ongoing studies are examining other risks and benefits of hormone therapy. Some previous studies suggest that women taking hormone replacement therapy have better sugar levels than women not taking it.

Role of a Nurse

As alternative therapies can be wide-ranging, the women may seek information from

healthcare providers regarding these therapies. As nurses, we must have current knowledge of HRT to counsel our patients effectively.

There exists a need for nursing research in women's health to develop knowledge and identify interventions that strive to promote, maintain and enhance well-being of women.

To ensure a better health of postmenopausal women, the nurse should monitor periodically the following.

- ◆ Blood pressure (every year for healthy women).
- ◆ Blood glucose (every year for healthy women).
- ◆ Overweight and obesity check- by calculating the body mass index and waist circumference.

Nurses should also advise the post-menopausal women to undergo the following diagnostic procedures periodically to detect any abnormality :

- ◆ Mammogram.
- ◆ Pap test.
- ◆ Colonoscopy
- ◆ Bone mineral density.
- ◆ Electro cardiogram (ECG).
- ◆ Vaginal ultrasonography
- ◆ Serum estrogen level
- ◆ Serum progesterone level

Conclusion

Though HRT has now gained wider spectrum of utility each has got its own merits and demerits. Judicious use of hormones by appropriate route along with regular monitoring and screening programme

however minimizes the risk. The decision about whether to take postmenopausal HRT depends on each woman's personal preferences and risks. Long-term observational studies only can solve the dispute in the future.

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