

TREATMENT OF MENOPAUSE

Last month I wrote of the signs and symptoms of menopause and promised to now write of the treatment. Women are bombarded by information from the television news shows, the print media, internet, and pharmaceutical advertisements as to what is correct and safe treatment during the menopause years. This article will serve as a guideline of what is scientifically proven and acceptable.

It must be remembered that the symptoms of menopause are from estrogen deprivation and to some extent lack of progesterone that is no longer being made by the ovaries. Hormone replacement therapy can be initiated at this time and is usually requested by the patient when hot flashes become intolerable and when mood changes threaten family peace. For women who still have a uterus progesterone must be given along with estrogen to prevent a dangerous buildup of the lining of the uterus that can rarely lead to uterine cancer. There are multiple regimens for how this is accomplished. The two hormones can be taken together in a pill or patch or estrogen taken on some days and progesterone on others. In addition to pills and patches, there are now estrogen creams and vaginal rings and even a spray that is applied to the forearm. The selection is totally the decision of the patient with information from her provider. Vaginal creams and tablets can eliminate vaginal dryness but do not work very well for systemic symptoms. It must be remembered, and I cannot emphasize it enough, that estrogen also prevents bone loss that leads to osteoporosis and the risk of disabling fractures. There has been much said and much worry about the risks of taking estrogen. For women with a uterus progesterone must be added to the estrogen use to prevent the small risk of uterine cancer. However, the use of the added progesterone can increase the risk of breast cancer in roughly one in ten thousand women. The progesterone might also cause bleeding to start again but usually only for a short time. As with all medications, the risks must be weighed against the benefits. For women without a uterus, estrogen alone is all that is necessary and there is no evidence that estrogen in hysterectomized women increases the risk of breast cancer.

There is another class of drugs for women who cannot take estrogens because they may be at risk of breast cancer or who cannot tolerate the side effects of hormone replacement therapy. These drugs are called SERMS (selective estrogen receptor modulators) and one brand is called Evista. They do help prevent bone loss and lower bad cholesterol while not raising good cholesterol. They might help reduce the risk of heart disease. However, they do nothing to prevent or ease the symptoms of hot flashes. I have mentioned in a previous article dedicated to osteoporosis treatment that there are other drugs that can slow down bone loss and even increase bone. These are the well advertised drugs: Boniva, Actonel, Fosamax, Reclast, Forteo, and Myacalcin nasal spray.

Recently, I attended two conferences that focused on nutrition—training that is sorely lacking in most medical schools. A low calorie, low cholesterol balanced diet that avoids sugars and flours, is high in calcium from sources such as broccoli, kale, salmon, and 2% dairy products is essential. We now recommend supplemental calcium of 1200 mgs a day in divided doses. Some of these preparations contain vitamin D. Without

vitamin D, calcium cannot be absorbed. Milk provides vitamin D and vitamin D supplements of 1,000 mg daily can be taken also. Exercise, especially weight bearing exercise 30 minutes a day five days a week or two days of 45 minutes can not only reduce the waist line but increase muscle tone, lower cholesterol, and increase bone density.

Lastly, remember that menopause is a natural event that should not prevent enjoying life. A good diet and regular exercise are essential. Regular doctor visits that include pap smears, cholesterol screening, mammograms, colorectal cancer screening, glucose testing and flu vaccines are now an essential part of the wellness that leads to empowerment.