

Menopause update by Nancy Siskowic, 1/15/13

A new study found subtle declines in verbal learning, verbal memory, and fine motor skills in the first year after the final menstrual period. It is believed that cognitive declines are due to dramatic hormonal fluctuations occurring during the perimenopause.

Another study further supports the theory of a critical window around the time of menopause during which initiation of hormone therapy (HT) protects against Alzheimer's disease (AD).

The study found that the relationship between HT and AD not only varies with timing of the therapy initiation but also with its type and duration. Women who started taking HT within 5 years of menopause had a 30% reduced risk of developing AD. That risk was further reduced if they took the hormones for 10 or more years.

"There was clearly a duration response effect in what we saw," said Dr. Zandi. "The women who started hormone therapy within 5 years of menopause and took it for more than 10 years had a lower risk of developing AD than similar women who started hormone therapy at menopause but took it for less than 10 years."

The results come hard on the heels of release of results of the Kronos Early Estrogen Prevention Study (KEEPS), a randomized trial that showed HT with low-dose oral or transdermal estrogen and cyclic monthly progesterone started soon after the start of menopause — within 5 years — improved depression, anxiety, and cognitive function in healthy women, without any increase in cardiovascular disease risk.

Menopause and transition into menopause are known to cause physical symptoms. Whether these result in physical limitations has been a matter of great debate. Study of Women's Health Across the Nation (SWAN) concludes that substantial physical disability occurs in postmenopause and increases with long-term health conditions.

Recently published findings report that menopausal symptoms are negatively associated with work ability and increase the risk of sickness absence. A negative effect on work outside the home was documented in the Yale midlife study and commented on by others. It may not be coincidental that the most rapid decline in the rate of women's work ability occurs at 51 years, the peak time for menopausal symptoms. Health problems that surface at this time include diabetes, hypertension, arthritis, depressive symptoms, and increasing body mass index. Recent trials with hormone therapy suggest that the development of some of these illnesses is related to estrogen withdrawal.

"Women health prescribers are more likely to take hormones themselves than they are to prescribe to their patients."

And this just in...

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Women who undergo surgical menopause at an earlier age are at increased risk of experiencing a decline in memory and thinking skills, a new study suggests.

"When both ovaries are surgically removed, there is an abrupt cessation of ovarian production of estrogen," says first author Riley Bove, MD, associate neurologist, Brigham and Women's Hospital and instructor in neurology, Harvard Medical School, Boston, Massachusetts.

It's been suggested that this "abrupt loss of exposure to estrogen triggers changes in the brain that lead to cognitive decline," she explained.

"While we found a link between surgical menopause and thinking and memory decline, women on longer HRT had slower declines. " "Since HRT is widely available, our research raises questions as to whether these therapies have a protective effect against cognitive decline and whether women who experience early surgical menopause should be taking HRT afterward," she added.

Many of the estimates of "risk vs. benefits" that we read, come from the 2002 WHI (Women's Health Initiative) which used oral estrogen (Premarin), and a potent, synthetic progestin (Provera). Both can have negative effects, especially when initiated after age 60.

Included in this email is a flyer for a talk I will be giving at Remedy Pharm in February.