

## MENOPAUSE UPDATE – OCTOBER 2007

Hi everyone, I hope this finds you well! I attended the North American Menopause Society (NAMS) annual conference in Dallas from Oct. 2nd – 6<sup>th</sup> and wanted to share just a few bits of information with you...

First and foremost...medicine is an art, not an exact science! The good news is that each year new menopause information is evolving, although it is clear that a total understanding of menopausal issues is still in its infancy.

The goal of the conference was to support informed choices by you our patients. We as clinicians are called on to provide information that is accurate, current and useful to you. Here is my best shot to update you!

**Transdermal estrogen** (patch, cream, gel, vaginal ring) remains the estrogen of choice....there is not an increased risk of stroke as there is with oral, and it has several other positive benefits. It is best when started less than 10 years past menopause. There is less heart disease, osteoporosis, diabetes, colon cancer and overall mortality in users.

For women using estrogen for greater than 20 years it is felt there is no evidence that says she should stop. It can be given in the dose (lowest) that is needed for a woman's symptoms and benefits.

**Progesterone:** There was very little discussion of **Progestogens** (umbrella term) except;

There has been much research on **Provera**...it is not recommended (as in PremPro...Premarin and Provera)

There has not been a lot of research on **Progesterone**, and until that research is done...which is highly unlikely...the scientific community hesitates to give many opinions. It is preferred over other progestogens!

**Testosterone** levels decrease most dramatically in women between ages 20 and 40, and then seem to level off. Transdermal testosterone can be beneficial to premenopausal and naturally menopausal women. It helps increase genital blood flow and vaginal secretions, increase sexual response, improve muscle mass, and improve sense of well being.

**Breast cancer** numbers went down in the estrogen only arm of the WHI (Women's Health Initiative), but numbers went up in the Premarin/Provera arm. Does this implicate Provera? Possibly, but no proof.

The #'s of breast cancers has gone down since the WHI stopped and many women went off estrogen, is that the reason? Possible explanations...1) mammograms also went down since the study stopped; 2) it is far too soon to make any such statements for when a breast cancer is

diagnosed it has been percolating in that breast for a minimum of 6 - more like 8-10 years; 3) hormones do not initiate breast cancer but they do promote its growth...so with the stopping of estrogen the growth of the cancers is slowed way down meaning it will take longer to be diagnosed. In approx. 2008 it is thought that we will have a clearer picture as experts continue to look at the data. The thinking now is 'not to worry'.

**Re Osteoporosis**...Vitamin D may be an even more important player than Calcium. It is being suggested that we take 1000iu daily up to age 60 to 65, and thereafter 2000iu per day. Soon bone density machines will be programmed to accept data from each patient that will more accurately identify women whose overall risk factors call for treatment with the medications that improve bone mass.

**Re Heart Disease**...depression and a hostile attitude are key factors associated with the risk of developing Heart Disease.

**Fish Oil**...an Omega 3 fatty acid – EPA, DHA (1gram) daily is recommended for a healthy heart

**Exercise**...our goal should be 15 minutes of brisk walking each day so that we become vigorous elderly, and productive in our old age!!!

**Aspirin**... no difference was found in risk of heart attack after 10 years of use therefore it is not recommended for primary prevention of heart disease in women. However, if a woman has had a heart attack then yes...a baby ASA every other day ...and after age 65, one is recommended every other day to decrease the risk of heart attack and stroke.