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Menopause and hormone therapy

Sources: www.sundhed.dk

<https://www.sundhed.dk/borger/patienthaandbogen/kvindesygdomme/sygdomme/hormonbehandling/overgangsalderen-hormonbehandlingen/>

Facts

- Menopause is the term for the time before and after the ovaries stop producing eggs
- Gradually, the ovaries also stop secreting the female sex hormones estrogen and progesterone
- The decreased amount of hormones can cause symptoms in the form of:
 - o bleeding disorders
 - o sweating
 - o psychological influences
 - o sleep disorders
 - o osteoporosis
 - o dry mucous membranes

But it is very different how you react to the hormones changing

Hormone therapy can be given in two different ways:

o Topical action: These are creams and suppositories or an estrogen-containing ring that is used topically on the mucous membranes of the abdomen

o General effect (systemic): This is medicine that works in the abdomen, but also in the rest of the body. It counteracts hot flashes and changes in the skeleton. The medicine is available as tablets, gels or hormone patches

At present, menopausal hormone therapy is recommended for moderate to severe hot flashes / sweating and locally acting hormones against mucosal disorders

What is menopause?

Menopause is the term for the time before and after the ovaries stop producing eggs and menstruation stops. The ovaries gradually stop secreting the female sex hormones estrogen and progesterone, and the amount of these hormones in the body decreases. It is primarily estrogen deficiency that can cause symptoms during menopause. Lack of progesterone causes irregular bleeding.

What are the symptoms of menopause?

It is estimated that approx. 20% of all women have minimal menopausal symptoms and do not notice anything other than that menstruation stops. The other 80% are plagued to varying degrees. The most common symptoms are hot flushes and dry irritated mucous membranes of the vagina. There may also be annoying sweating, disturbed sleep as well as joint and muscle pain. Some also experience that they are more mentally unstable.

After menopause, the risk of osteoporosis increases because, due to low estrogen, it is easier to lose calcium from the skeleton. The risk of atherosclerosis also increases after menopause.



Hormones for menopausal symptoms

There are two types of medications for menopause:

Topical action:

These are hormones in the form of creams or suppositories that are inserted into the vagina. There is also an estrogen-containing ring that can lie in the vagina without being felt. It can last for three months, and you can learn to put it in and change it yourself. Cream and suppositories should be used a few times a week. The local treatment only works locally in the abdomen and can be used by everyone without any time limit. If you stop the treatment, the genes in the mucous membranes return

General (systemic):

These are estrogen supplements that work in the abdomen but also in the rest of the body. This counteracts the hot flushes. The preparations are available as tablets, gels, sprays or hormone patches.

The medicine is divided according to which hormones or combinations of hormones they contain.

Local treatment

For topical treatment, hormones are used, either estrogen or prasterone. Everyone, except women in breast cancer treatment, can use topical treatment, and one can use the treatment without risk for as long as it needs to be. If you stop the treatment, the genes will return.

General treatment, systemic

Estrogen

General treatment consists of the estrogen estradiol, either alone or in combination with synthetic progesterone (progestogen). Estradiol is the same estrogen that the ovaries produce. Estradiol is available as tablets, gels, sprays or patches.

Pure estradiol treatment should only be used for women who have had their uterus removed.

Estradiol causes the lining of the uterus to grow, so if you only take estradiol, you will have bleeding problems. After several years of treatment, you can get cell changes in the uterine lining. Therefore, women with the uterus intact must have a combination treatment, ie. estradiol + progestogen.

Gestagen

Gestagens are a common term for progesterone-like hormones. As mentioned, progestogens help to stabilize the lining of the uterus so that menstruation becomes regular.

Menopause often begins with a phase in which the only symptom is irregular bleeding. It is due to an imbalance between estrogen and progesterone in the body. In this phase, progestogen preparations can be used to get regular bleeding. You can also take progestogens regularly to stop menstruation completely. For this purpose, the hormonal IUD is suitable.

Gestagen treatment alone has no effect on other menopausal symptoms. After a period of bleeding disorders, it is normal for the woman to gradually develop other menopausal symptoms such as hot flashes. To alleviate hot flashes, one must combine the progestogen treatment with estrogen.

Gestagen preparations are available in tablet form and as a hormonal IUD. By using a hormonal IUD, you are also protected against unwanted pregnancy.



Bioidentical hormones

Estradiol, which is the type of estrogen used against menopausal genes in Denmark, is a bioidentical hormone. That is, it is completely the same as what the ovaries form. There are also bioidentical progesterone preparations in Denmark, but they are so far only used in the treatment of unwanted infertility.

What about birth control pills?

Birth control pills have a much higher content of hormones than is needed against menopausal symptoms. They should not be used during menopause due to an increased risk of blood clots that already increase with age.

Continuous combination treatment

Agents with a constant hormone content are used for what is called continuous combination therapy. These preparations contain both estrogen and progesterone. You get the same amount of hormone every day. This means that you will not bleed. However, there may be spotting in the first few months. After this, the lining of the uterus becomes so thin that the bleeding stops.

The treatment is available in different forms: as tablets, as a patch and as the combination patch / gel / spray + hormonal IUD. Tablets and patches should be started no earlier than one year after the last menstrual period, as otherwise you may have bleeding problems. Hormone IUD + plaster / gel / spray can be started earlier.

In addition to spotting, this treatment can cause chest tightness and increased fluid in the body. The side effects can usually be reduced by decreasing the dose.

Sequence processing

Agents with varying hormone content are used for what is called sequence therapy. Sequence preparations contain both estrogen and progesterone in a content that varies throughout a cycle. This means that you still have bleeding. You can start treatment when you get menopausal symptoms in the form of hot flashes and irregular bleeding, ie. before menstruation stops. Sequence preparations are taken in the same way as birth control pills, but do not prevent pregnancy.

Sequence preparations are available as tablets and patches and have the same side effects as continuous combination therapy.

Risk of hormone therapy

Systemic treatment

In the past, it was recommended that women take hormones after menopause to prevent osteoporosis and cardiovascular disease.

However, research has shown that long-term use of estrogen + progesterone may increase the risk of breast cancer. Therefore, preventive hormone therapy is no longer used.

The only reason for hormone therapy in menopause now is moderate to severe heat / sweating. Treatment in the lowest possible dose for the shortest possible time is recommended.

However, healthy women in their 50s can take combined hormone therapy for 5 years and pure estrogen therapy (if the uterus is removed) for 7 years without their risk of disease increasing significantly. There is no definite knowledge about how long-term treatment affects the risk of disease.

Most women are particularly concerned about the risk of breast cancer, which already affects approx. every 10th woman.



However, the risk of getting breast cancer as a result of hormone therapy is small. In fact, less than if one drinks an average of two items of alcohol a day.

If you want to use systemic treatment, you should start no later than 10 years after menopause, otherwise the risk of side effects increases.

Many other factors play into the risk of side effects: lifestyle, weight, general health and hereditary conditions.

Local treatment

Local treatment with hormones in the vagina is without risk, and you can start at any time, regardless of age. You can use it for as long as you want.

Alternative treatment

There are a large amount of natural remedies and alternative treatments that are sold for use against menopausal symptoms. So far, there is no evidence that acupuncture, relaxation, mindfulness, physical exercise or herbal remedies work against menopausal symptoms.

Recommendations for hormone therapy

- You should only take hormones during menopause if you have bothersome symptoms
- The risk of side effects increases with the duration of treatment. Therefore, the treatment time should be as short as possible
- In the first period of menopause, where the main problem is irregular bleeding, you can use progestogen tablets to get a regular cycle, or you can get a hormonal IUD
- If you get annoying hot flashes while you are still menstruating, you should use a sequence preparation (read more above)
- 1-2 years after menopause, ie. last menstruation, you can use a combination preparation (read more above)
- Women who have had their uterus removed should use pure estrogen therapy

If abdominal pain is the only symptom, local treatment should be used

Discontinue treatment

There is no set rule for how long one should be treated. It is not possible to say in advance how long the genes will last. If you use hormones for menopausal symptoms, you can decide for yourself when you want to stop. You can try to step down or stop abruptly. If the symptoms return, talk to your doctor about starting treatment again.

Birth control

Only after menopause, that is, when you no longer have menstruation, you can be absolutely sure that you can not get pregnant. During menopause, however, even if one were to become pregnant, the chance of the pregnancy developing is very small. IUD, condom, diaphragm and sterilization are best suited as contraception during menopause.

You should not use birth control pills, even if you think you have always had a good time with this. The reason is that the high hormone content in birth control pills increases the risk of blood clots more, the older you get.